V 88/990

INSTRUCTOR GUIDE

Volunteer Assistor's Guide

For use in IRS volunteer programs
VITA Volunteer Income Tax Assistance
TCE Tax Counseling for the Elderly

IRS Salutes Volunteers for 21 Years of Making Taxes Less Taxing

Department of the Treasury
Internal Revenue Service
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IRS VOLUNTEERS

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Foreword

All instructors should attend the Internal Revenue Service Instructor Training course or the 3-day Taxpayer Education Instructor Workshop. Part of the workshop covers methods and media used in teaching. The major objective of the workshop is to assist you in preparing to teach this course.

Caution

As you prepare to teach this course, please compare the proof forms in the materials with the final forms so that you can modify your instruction accordingly.

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Introduction

The VITA program was begun in 1969 with an appropriation from Congress to provide free tax assistance to lower income, elderly, non-English speaking, and handicapped individuals. Congress continues to be very interested in this program. On a yearly basis, the Internal Revenue Service reports VITA statistical and administrative data to a Congressional committee.

Although volunteers in the Tax Counseling for the Elderly (TCE) program can assist anyone, generally they will assist taxpayers age 60 or over in preparation of their tax returns. They perform a valuable service to the taxpayers they assist. They are able to visit nursing homes, housing complexes for the elderly, and the homes of shut-ins to offer tax assistance not otherwise available. Lessons in Module IV will be of particular interest to these volunteers.

Objective

The overall objective of this course is to enable volunteer assistors to assist taxpayers with the accurate preparation of Forms 1040A, 1040EZ, 1040, and selected related schedules. The course focuses on the completion of tax forms, itemized deductions, and a technical proficiency in basic tax law. Assistance by the volunteers is free.

VITA and TCE are just two of a number of programs designed to assist taxpayers who require information regarding their tax rights and responsibilities.

The course is not designed to train volunteers in tax law at the same level of competency as IRS employees. Volunteers should assist only with returns and supporting schedules for which they have been trained. When assistors meet with problems they cannot handle, we encourage them to refer the taxpayer to the appropriate tax publication or to a professional tax preparer.

Experience has shown that there are instances where taxpayers have problems in their dealings with the Internal Revenue Service or where taxpayers perceive that their problems do not receive the appropriate attention. The Problem Resolution Program is intended to assure that individual taxpayers have someone to turn to in those instances, someone who will step in and make sure that their problem is not lost or overlooked.

Taxpayers who have a tax problem they have been unable to resolve through normal channels should write their local IRS District Director, or call their local IRS office and ask for Problem Resolution assistance.

The Problem Resolution Office will take responsibility for the taxpayer's problem and ensure that it receives proper attention. Although the Problem Resolution Office cannot change the tax law or a technical decision, it can frequently clear up misunderstandings that resulted from previous contacts.

Volunteers must also take all reasonable steps to ensure that information provided by taxpayers remains confidential. They should be aware that such information must not be discussed with anyone and that the provisions relating to disclosure of tax information apply to them just as if they were employees of the United States.

Volunteers must also remember that the service they provide is free. They will be asked to sign a statement verifying this as a part of the test.

Self-Help Emphasis

The emphasis of this program is to teach taxpayers to prepare their own returns. Therefore, *self-help assistance* will be offered to encourage individuals or groups to complete their own returns under the direction of a volunteer assistor. However, people who are unable to participate in self-help assistance will receive *direct assistance* i.e., volunteers will prepare their entire returns. We have included guidelines for volunteer assistance techniques in the Volunteer Assistor's Guide.

Types of Classes

This training is designed to be given to a group of volunteers in a classroomlike setting using conventional methods of instruction. The instructor's role is to plan and direct classroom instruction according to the lesson plans and guidelines in this Instructor Guide. The instructor will also monitor and evaluate group and individual progress, provide individual remedial and supplementary instruction, and correct weaknesses in the course materials.

Elderly classes are for volunteers who will assist older and retired taxpayers with basic tax returns. Module IV contains lessons specific to the needs of the elderly and retired taxpayer.

Dual language classes are for non-English speaking volunteers. These classes will use a coursebook written in Spanish, Libro del Curso (Publication 678-SP). The coursebook will be identical to the Volunteer Assistor's Guide except that the Spanish coursebook will not include some of the topics in Module IV. Those chapters will not be tested. The Instructor Guide (Publication 1155) should be used for all lessons. Both tests are written in Spanish: VITA Examen (VITA Test, Form 6744-SP) and VITA Reexamen (VITA Retest, Form 6745-SP). Spanish classes should use IRS Publication 579S, CÓMO PREPARAR LA DECLARACION DE IMPUESTO FEDERAL, as a reference guide.

Military classes will study the appropriate modules of the Volunteer Assistor's Guide, In addition, classes will use the Military Supplement, Publication 678M. The Volunteer Assistor's Instructor Guide includes lesson plans for the Military Supplement.

Module IV, "Elderly and Advanced Topics," contains selected information and assumes the volunteer is able to complete a simple Form 1040 and Schedules A and B. Generally, those who will attend this training have completed Modules II and III of the Volunteer Assistors Guide, have previously been a volunteer assistor for at least a year, or have related professional backgrounds in accounting or tax law.

As you can see, the volunteers who will attend training classes are diverse. They represent groups and individuals with varying skills and educational backgrounds. This diversity of backgrounds creates a big challenge for you as an instructor. You will need to work closely with your Taxpayer Education Coordinator to assign participants with similar training needs to like classes.

Confidentiality And Integrity

You will need to discuss that VITA and TCE assistance is free in contrast to paid preparers who are subject to rules and regulations including liability. The importance of volunteers' access to taxpayer information, the trust the community places in the volunteers, and the responsibility of confidentiality should also be emphasized.

Taxpayers' Rights

It's vital that taxpayers always receive fair treatment in law matters. VITA and TCE volunteers can alert taxpayers to their rights by helping them secure a copy of Publication 1, "Your Rights as a Taxpayer." Please relate the following information to the students in the classes you instruct: "Assisting taxpayers includes helping make sure that they are aware of their rights. IRS distributes Publication 1, "Your Rights as a taxpayer," free of charge. The publication clarifies taxpayers' rights at each step in the tax process. If the individuals you assist have any questions about their rights, please make sure they obtain a copy at your VITA or TCE site, or be sure to let them know that a copy of Publication 1 is theirs for the asking by calling IRS toll-free. Taxpayers can help ensure they receive fair treatment in tax matters when they know what their rights are."

Basic vs. Refresher

You and the TPE Coordinator should ensure that classes are designated as basic or refresher whenever possible. Beginning volunteers who have not previously participated in VITA should attend the basic class. It is preferable that experienced volunteers not be taught in the same class with volunteers who have no previous tax experience. The **basic** class is generally 4 to 5 days long, based on an eight-hour day. Experienced volunteers may attend a refresher class which is from 1 to 3 days long. **Refresher** classes would highlight tax law changes and review Module I covering administrative procedures and volunteer assistance techniques.

Course Design

Setting

Training is usually given in a classroom using conventional methods of instruction. However, the course materials are designed for flexible use, i.e., they have been written in a self-instructional format. Even though most volunteers will participate in a class, some will use the Volunteer Assistor's Guide, Publication 678 on their own. The self-instructional format will allow them to work at their own speed at home. It also can make your classes more efficient, since it allows you to save time when necessary by having volunteers read for short periods in class or overnight to prepare for the next day's session.

Course Materials

Each volunteer should have a copy of the Volunteer Assistor's Guide, (Publication 678), a sufficient quantity of blank tax forms for working problems and practical exercises, and other necessary materials such as paper and pencils.

Each instructor should have a copy of the Instructor Guide to the Volunteer Assistor's Guide, which contains lesson outlines, roleplays, and answers to test questions.

The instructor should also have one Test, Form 6744, and one Test/Retest Answer Book, Form 6744A, per volunteer.

See the Course Materials Needed section for additional requirements.

Coursebook

The Volunteer Assistor's Guide is intended to be the guide to passing the Test (or Retest) and becoming a volunteer. The coursebook is divided into four sections, or modules:

Module I—Administrative Procedures and Volunteer Assistance Techniques
Module II—Forms 1040A and 1040EZ
Module III—Form 1040
Module IV—Elderly and Advanced Topics

A look at the sequence of lessons in the Table of Contents reflects the same order in which the return should be completed once the volunteer reaches the site. In a few instances this does not exactly parallel the order of the tax form itself. For example, while the entity section (taxpayer's name, address, and social security number) appears first on the form, it is in the lesson on *Finishing the Return* since it is one of the last things to do in completing the return.

The coursebook contains a large number of exhibits of the various tax forms and schedules. These exhibits are numbered starting at the beginning of each lesson. Many of the exercises contain exhibits of blank forms that volunteers must complete. The "Answers to Exercises" section at the end of each lesson contains the filled-in form with an exhibit number that corresponds to the exhibit number of the blank form used in the exercises. For example, if the blank form for an exercise is labeled as "Exhibit 3", the answer to that exercise will be labeled "Exhibit 3, filled-in".

Instructor Guide

This Instructor Guide is composed of three parts. The first part includes lesson plans for the Volunteer Assistor's Guide, (Modules I, II, III, and IV) and for the Military Supplement. These lesson plans highlight material in outline form. Instructors should feel free to use their own ingenuity in making up extra examples and training aids to illustrate points. Lesson plans are intended as a resource for you. Feel free to add or subtract from them in order to meet the lesson objectives.

The second part of the Instructor Guide covers Testing. Finally, the third part provides an evaluative instrument for instructors.

Military Supplement to the Volunteer Assistor's Guide

If you are teaching a military class, use the lesson plans contained in this Instructor Guide as a basis for incorporating the military information into the appropriate lessons of this coursebook.

Publication 678M, the Military Module to the Volunteer Assistor's Guide, is the student's text. Like the Volunteer Assistor's Guide, it is also written in self-instructional format.

The Military Module is intended for use with the Volunteer Assistor's Guide, We offer suggestions in the listing below for the integration of the Guide and the military course. For example, we suggest you teach the lessons on moving expenses and travel expenses after Module III, Lesson 4, *Adjustments to Income.* If a different order works better for you, use it. As in any of the volunteer assistor's classes, Lesson 1 of Module I, Administrative Procedures, should be taught before any other lessons.

Suggested Order

Military lesson follows Basic Volunteer Assistor's Guide, Volume 1 lesson:

Military lesson	Module	Lesson
1 Gross Income	II	2 Taxable and Nontaxable Income
2 Aliens	II	13 Filing Status
3 Dependency Exemption	II	4 Exemptions
4 Earned Income Credit	II	11 Tax Credits and Payments
5 Sale of Home	IV	2 Sale of Home
6 Moving Expenses	III	4 Adjustments to Income
7 Travel Expenses	III	5 Itemized Deductions
8 Miscellaneous Itemized Deductions	II	12 Finishing the Return
9 Filing Returns	or III	11 Finishing the Return

Course Schedule

This will depend on you. A summary of suggested times is:

Lesson 1	30 minutes
Lesson 2	1 hour
Lesson 3	30 minutes
Lesson 4	30 minutes
Lesson 5	2 hours
Lesson 6	1½ hours
Lesson 7	1 hour
Lesson 8	1 hour
Lesson 9	30 minutes
Summary Problems	90 minutes

The connective links should be made between the two books. For example, after Module II, Lesson 1, *Taxable and Nontaxable Income,* you might say, "Now let's look at some examples of military income and allowances, and see what is taxable and nontaxable. Turn to Lesson 1, in your Military Module." When you've finished the military lesson on gross income, tell the students you're returning to the Volunteer Assistor's Guide and give the lesson and page numbers.

Course Material

Check your materials carefully. Make sure either the base has received, or you will provide more than enough publications, forms, and tests for the expected number of students. Here is a check list to use for the course (some of these are used in basic volunteer assistor's classes):

Forms (and Instructions)	
1040EZ	Income Tax Return for Single Filers with no Dependents
1040A	U.S. Individual Income Tax Return
1040	U.S. Individual Income Tax Return
2106	Employee Business Expenses
2119	Sale or Exchange of Principal Residence
1040NR	U.S. Nonresident Alien Income Tax Return
3903	Moving Expenses
3903F	Foreign Moving Expenses
Sch A	Itemized Deductions
Sch D	Capital Gains and Losses
W–4	Employee's Withholding Allowance Certificate

Publications	
678	Volunteer Assistor's Guide
678M	Military Module
17	Your Federal Income Tax
54	Tax Guide for U.S. Citizens and Resident Aliens Abroad
519	U.S. Tax Guide for Aliens
521	Moving Expenses
523	Tax Information on Selling Your Home
555	Community Property and the Federal Income Tax
527	Rental Property

Not covered in the course, but frequently requested are:

Forms	
Sch E	Supplemental Income Schedule
Sch C	Profit (or Loss) from Business or Profession
Sch SE	Computation of Social Security Self-Employment Tax

Check with your contact on the base, usually the legal assistance officer for suggestions on form and publications that might be needed. Also bring forms order blanks so the students can order other forms or schedules they might need.

Volunteer Certification

There are two ways to complete the training program and become a volunteer:

1. By attending a class and passing the Volunteer Assistor's Test, or Retest.
2. By completing the Volunteer Assistor's Guide self-instructionally and passing the Volunteer Assistor's Test, or Retest.

In the classroom, testing should follow Modules II, III or IV. If the volunteer fails the Test, he or she may take the Retest. If the volunteer is completing the coursebook self-instructionally, he or she will need to contact the Taxpayer Education Coordinator to arrange to take the Test.

All volunteers need to pass Part I of the Test or Retest. Passing Part II of the Test or Retest certifies the volunteer to help prepare Form 1040A and Form 1040EZ. Passing Part III certifies the volunteer for Form 1040 preparation. Passing Part IV certifies the volunteer to help with the issues covered in Module IV, Elderly and Advanced Topics. Volunteers who will be doing quality review at their sites should pass Part V.

Volunteers who do not pass the Test may attend another class if available or review the material on a self-instructional basis and then take the Retest.

If volunteers do not pass the Volunteer Assistor's Test, or Retest, you should encourage them to participate in some other type of program activity—coordinating publicity, scheduling volunteers, assisting in clerical duties, or acting as receptionist at the site. Consult your Taxpayer Education Coordinator in such instances to get your district's policy.

Scoring the Test

The Test is divided into five parts, each of which is scored separately. Volunteers should take all the parts that apply to their training.

Part I—General Tax Law and administrative procedures

Part II—Form 1040A or Form 1040EZ

Part III—Form 1040

Part IV—Elderly and Advanced Topics

Part V—Quality Review practice

Math and tax computation errors are the two most common mistakes made by volunteers. Caution volunteers to double check their math computation and their use of the tax tables or tax rate schedules.

Note the certification line in each Test booklet. Record your judgment here of the volunteers's qualifications as a volunteer assistor.

See the Answers to the Test and Retest at the end of the Instructor Guide. Note that answers may be different if community property laws are applied in the states affected.

Evaluation

To help us in revising and updating both the student and the instructor materials, we have included an Instructor Evaluation.

Please complete the Instructor Evaluation located at the back of this Instructor Guide. Any suggestions for improving the coursebook will provide valuable feedback for the course revision next year. The instructor evaluations should be submitted to the Chief, Training and Development Branch, who will review them with the Taxpayer Education Coordinator. They will then be forwarded to Training and Development in the Regional and National Offices so that feedback can be used in preparing next year's publications.

General Notes to Instructor

Your Role

Your role as the instructor will be to:

1. Plan and direct classroom instruction according to the lesson plans,
2. Monitor and evaluate group and individual progress,
3. Provide individual, remedial, and supplementary instruction, and
4. Correct weaknesses in the course materials.
5. Ensure volunteers understand VITA assistance is FREE assistance.

Your preparation

The best preparation you as an instructor can make for this course is to work through the entire coursebook, answering all the questions. This will alert you to the volunteer's point of view. Note that answers to some exercises may be different if the community property laws are applied in the states affected.

Teaching Suggestions

There are several different methods of instruction you may wish to use in your class. However, experience from past classes has shown the following techniques to be quite helpful:

1. All classes should review Module I. Lesson 1, Administrative Procedures, should be taught with the Orientation material presented in Module 1.
2. Many participants comprehend more when the text material is discussed with them and each point is analyzed as it appears in the coursebook. *You probably won't have time to do this.* Whenever possible, ask the class to read over material the day before it is covered in class and to work the exercises. This will enable you to focus classroom time on areas of difficulty.
3. Encourage oral class participation when working problems and practical exercises because this increases understanding.
4. Time does not permit participants to read Publication 17 every time it is given as a reference. Volunteers should be asked to read Publication 17 only in selected instances, but *may refer to it on their own to resolve questions.*
5. It is to your advantage to control the number and type of questions asked during the lesson. It is not rude, but rather a more effective teaching technique to end irrelevant discussion or to offer to answer an extraneous question during a break.
6. It is most effective to have students work exercises and then discuss the answers in class. Exercises covering complete return preparation are included in the coursebook. The class should work all the exercises. In Module IV, roleplays are included at the end of some lessons.

Course Materials Needed

You should have on hand one of the following publications for each volunteer:

Volunteer Assistor's Guide, (Pub. 678)
"Your Federal Income Tax" (Pub. 17)
Instructions for preparing Forms 1040A and 1040EZ
Instructions for preparing Form 1040
Volunteer Assistor's Test (Form 6744)
Volunteer Assistor's Retest (Form 6745)
Test/Retest Answer Book (Form 6744A)

If Available:
Highlights of 1990 Tax Changes (Pub. 553)
Guide to Free Tax Services (Pub. 910)

If Appropriate:
Military Module (Pub. 678M)

Spanish Materials
Libro del Curso (Coursebook, Pub. 678SP)
VITA Examen (Test, Form 6744-SP)
VITA Reexamen (Retest, Form 6745-SP)
Examen/Reexamen Libro de Soluciones (Form 6744-ASP)
CÓMO PREPARAR LA DECLARACION DE IMPUESTO FEDERAL (Reference Guide, Pub. 579S)

Forms:
- Module II
  - 1040 A and Schedules
  - 1040 EZ

- Module III
  - 1040
  - Schedule A
  - Schedule B
  - 2441
  - 1040A and Schedules

- Module IV
  - 1040
  - Schedules A & B
  - Schedule D
  - Schedule R
  - 1040A and Schedules
  - 1040ES
  - 2119
  - 2210
  - Social Security Benefits Worksheet
  - Pension Worksheet
  - W-4, W-4P

Supplies
Blank tax forms
Paper
Pencils, pens

Instructor Materials
Instructor Guide (Pub. 1155)
Pub. 853, Blowup of Forms 1040A and 1040 (pages 1)
Pub. 854, Blowup of Schedules A and B
Pub. 880, Blowup of Forms 1040A and 1040 (pages 2)
Pub. 1191, Blowup of Form 1040EZ
Pub. 855, Schedule R Blowup
Pub. 856, Schedule D Blowup
Pub. 1112, Form 2119 Blowup
Pub. 544, Sales and Other Dispositions of Assets
Pub. 551, Basis of Assets
Pub. 523, Tax Information on Selling Your Home
Pub. 575, Pension and Annuity Income
Pub. 915, Tax Information on Social Security Benefits
Pub. 524, Credit for the Elderly or Disabled
Pub. 505, Tax Withholding and Estimated Tax

Course Schedule

Orientation /30 minutes

Module I
Lesson 1 /30 minutes
Lesson 2 /1 hour TOTAL = 1½ hours

Module II
Lesson 1 /1 hour
Lesson 2 /1 hour
Lesson 3 /2 hours
Lesson 4 /30 minutes
Lesson 5 /30 minutes
Lesson 6 /30 minutes
Lesson 7 /30 minutes
Lesson 8 /30 minutes
Lesson 9 /30 minutes
Lesson 10 /1 hour
Lesson 11 /30 minutes
Lesson 12 /30 minutes TOTAL = 9 hours

Module III
Lesson 1 /30 minutes
Lesson 2 /30 minutes
Lesson 3 /3½ hours
Lesson 4 /2 hours
Lesson 5 /4 hours
Lesson 6 /1 hour
Lesson 7 /1 hour
Lesson 8 /30 minutes
Lesson 9 /1½ hours
Lesson 10 /30 minutes
Lesson 11 /30 minutes TOTAL = 15½ hours

Module IV
Lesson 1 /3½ hours
Lesson 2 /2 hours
Lesson 3 /3 hours
Lesson 4 /1¾ hours
Lesson 5 /2 hours
Lesson 6 /½ hour
Lesson 7 /2 hours
Lesson 8 /1½ hours
Comprehensive Problems and Review 2½ hours
Total = 18¾ hours

Test
Part I 1 hour
Part II 2½ hours
Part III 2½ hours
Part IV 3 hours
Part V 2 hours

Orientation

Objectives
At the end of this lesson the student will be able to:
1. Define the course objectives.
2. Use the coursebook.
3. Comply with administrative procedures.

Time
30 minutes

Space required
Classroom

Method
Lecture with questions

Student Materials
Volunteer Assistor's Guide

Content:

Introduction

1. Introduce the instructors.
2. Introduce the guest speaker.
3. Introduction of the students.
    a. Ask students to pair off and get the following information about their neighbor:
        (1) Name.
        (2) Organization, if any (Who they will be helping).
        (3) Background with volunteer assistor's programs, if any.
        (4) Experience with taxes.
        (5) Personal information (present job, family, hobbies).
    b. Ask each student to introduce his or her neighbor to the rest of the class.
4. State lesson objective.

Preview of the course

1. The purpose of the course is to prepare the volunteer to complete Form 1040A, Form 1040EZ, Form 1040, and some supporting schedules and forms, depending on the modules taught.
2. Course objectives
    a. Your target population will usually be either (1) Handicapped, non-English speaking, or older taxpayers. (2) Military personnel (if applicable).
    b. You will learn forms preparation rather than straight tax law.
3. Lessons that will be covered in the course.
    a. All classes cover Module I. Depending upon which taxpayers will be assisted, Modules II, III or IV will be covered.

Notes:

The Lead Instructor or the Taxpayer Education Coordinator should handle the Introduction. Other speakers should include the Taxpayer Service Division Chief or Management Assistant to talk about the goals of the Volunteer Assistor's program.

This will serve as an "icebreaker" for the class.

Content:

b. If your class will be assisting military taxpayers, use the Military Supplement and the coursebook.

Testing

1. Five parts:

Part I—General tax law

Part II—Form 1040A and Form 1040EZ

Part III—Form 1040 and Form 1040A

Part IV—Elderly and Advanced Topics on Form 1040 and Form 1040A

Part V—Quality Review

2. Scoring is explained in the test materials.

How to Use the Coursebook

Administrative Procedures

1. Breaks
2. Lunches
3. Smoking and coffee, etc., in the classroom
4. Starting and ending time of class
5. Location of restrooms
6. Procedures for receiving messages (phones and notes)
7. Any other local procedures.

Notes:

Have the students read and discuss these sections of the Introduction.

Cover each of these items with the students.

Module I
Lesson 1

Administrative Procedures

Note: This lesson should be taught before any lessons in the Volunteer Assistor's Guide. It will be used for VITA *and* TCE volunteers. Use the appropriate designations for each group of volunteers.

Objectives
At the end of this lesson the student will be able to enter the appropriate designation on the return, and complete the Volunteer Assistance Card.

Total Time
30 minutes

Space Required
Classroom

Methods
Reading
Discussion

Training Aids
Volunteer Guidelines, Publication 803
VITA Badge, Publication 1109
Volunteer Coordinator's Handbook, Publication 1084
VITA Posters, Publications 729 and 729–A
Volunteer Assistance Worksheet, Form 6522

Student Materials
Volunteer Assistor's Guide

Content:

Introduction

The VITA program was begun in 1969 with an appropriation from Congress to provide free tax assistance to lower income, elderly, non-English speaking and handicapped individuals. TCE was begun to provide tax assistance to the elderly through contracts with organizations. Congress is very interested in this program and IRS reports VITA statistical and administrative information to a Congressional committee each year. To gather this information, certain administrative procedures are established for volunteers to follow. These procedures request volunteers to identify Forms 1040EZ, 1040A, and 1040 with a VITA designation if they are VITA volunteers, and TCE if they are TCE volunteers. All volunteers are to complete Volunteer Assistance Worksheets (Forms 6522), and to follow quality review guidelines to maintain the high quality of service to taxpayers.

Objectives

At the end of this lesson you will be able to enter the appropriate designation on the return, and complete the Volunteer Assistance Card.

Identifying Returns—VITA and TCE

1. Forms 1040EZ, 1040A, and 1040 have preprinted designations.

Volunteer Assistance Worksheet

1. Check the block indicating "VITA" or "TCE" in block 1.

Notes:

Emphasize to volunteers the importance of identifying returns with the VITA or TCE acronym so that IRS may provide statistical information to Congress.

Content:

2. Important to complete separate worksheets for direct assistance and self-help assistance.

Quality Service

1. Quality service is essential for taxpayers, so it is important to review all your work.
2. Establish on-site quality review program.
3. Offer the preaddressed envelopes to taxpayers (except when payment is required) so that returns may be randomly reviewed by the District Office Quality Review Program.
4. Emphasize that volunteers cannot and do not charge for services. This includes tax advice and return preparation.

VITA Hotline

1. Phone number

1(800)829-8482 or 829-VITA

2. Schedule of hours, if available

Local Procedures

Summary

In this lesson you learned about the VITA and TCE designation on the return and how to complete the Volunteer Assistance Card. In the next lesson you'll learn about important VITA and TCE assistance techniques.

Notes:

Emphasize that the purpose of the assistance card is to record *all* types of assistance for VITA and TCE: Form 1040, Form 1040A, Form 1040EZ, Questions Only, State Return, and/or Local Return. This information is also provided to Congress. Explain how to complete a card.

Encourage volunteers to call for technical assistance. Note this number is not for the general public.

Explain any local VITA or TCE procedures. This may be a good opportunity to distribute Publication 803, VITA Guidelines, and Publication 1109, the VITA Badge. Posters may also be displayed. Separate posters will be available for direct VITA assistance, self-help VITA assistance, and for TCE assistance. Local site information may be written on the poster. For example, at some sites assistance may be limited to Form 1040A.

For VITA describe Publication 1084, Volunteer Coordinator's Handbook. Review the section on VITA Publicity, and point out the sample information items.

Explain that this publication is available to all volunteer coordinators and individuals responsible for publicity. Encourage publicity coordinators to contact the Taxpayer Education Coordinator and Public Affairs Office in the District Office for additional assistance with publicity.

Module I
Lesson 2

Volunteer Assistance Techniques

Objectives
At the end of this lesson the student will be able to:
1. Interview people so their Forms 1040EZ, 1040A, or 1040 can be completed accurately.
2. Guide taxpayers line-by-line through the tax return to help them prepare their own Forms 1040EZ, 1040A or 1040.

Total Time
1 hour
(additional 90 minutes for optional roleplays)

Space Required
Classroom
Breakout Rooms (optional if roleplays are used)

Methods
Reading
Discussion
Role Play (optional)

Training Aids
Photocopies of roleplays (optional). See Lesson Plan Attachment.

Student Materials
Volunteer Assistor's Guide

Content:

Introduction

It is essential that volunteers be able to interview taxpayers effectively so that individuals take advantage of every tax benefit for which they are eligible. The emphasis for VITA and TCE this year is to guide individuals or groups in preparing their own Forms 1040EZ, 1040A or 1040. Therefore, self-help assistance is available to invite taxpayers to prepare their own returns under the direction of a volunteer assistor. Individuals who are unable to participate in self-help assistance will receive direct assistance which provides complete preparation of the return by volunteers.

Objectives

At the end of this lesson you will be able to:

1. Interview people so their Forms 1040EZ, 1040A or 1040 can be completed accurately.
2. Guide taxpayers line-by-line through the tax return to help them prepare their own Forms 1040EZ, 1040A, or 1040.

Interviewing Techniques

1. Introductory stage
2. Questioning stage

Notes:

Note to Instructors:
It has come to National Office attention that VITA volunteers, in two specific instances, were charging for their assistance in preparing tax returns. Unfortunately, the individuals who were charged a fee did not know that VITA assistance is free. In these cases, criminal charges were filed against the volunteers involved. Although we do not want to unduly alarm the volunteers, we have a responsibility to ensure that they understand the VITA and TCE programs are designed to provide FREE assistance to taxpayers. Volunteers who charge for assistance will be dismissed from the programs and may be subject to criminal charges. During this part of the instruction, emphasize to volunteers that VITA and TCE assistance is FREE.

Emphasize that in return preparation that all money items on a return may be rounded off to whole dollars, provided it is done for all entries on a return and schedules.

Have students read these sections of the lesson.

Content:	**Notes:**
3. Summary stage	Have students read these sections of the lesson. Summarize these guidelines and stress the importance of probing for necessary tax information.
Self-Help Assistance Techniques	
1. Definition—invites taxpayers to prepare their own returns under the direction of a volunteer assistor.	Emphasize that self-help assistance should be offered whenever possible. However, some taxpayers may not be interested in participating or may not be able to prepare their own return.
2. Publicity	
3. Facilities	
4. Self-help assistance checklist	
5. Self-help methods	
6. Quality review of self-help assistance	If the taxpayer is not interested in participating in the self-help program or if the taxpayer is unable to prepare the return, then direct assistance should be offered. Explain that the type of self-help assistance offered will vary from site to site. Depending on local needs of specific sites, self-help assistance can be offered to individual taxpayers or groups of various sizes. Stress the importance of quality reviewing all these returns. Consider demonstration roleplay with the instructor modeling effective behavior (probing, accuracy, etc.) and a student or other instructor playing the role of taxpayer. Roleplays can also be used, at a later time, for practice in preparing forms.

Summary

In this lesson you learned about interviewing techniques and you've seen how critical *probing* is to the task of being an assistor. Remember that each person you assist is an individual with a unique set of circumstances to be discovered.

Module II
Lesson 1

Form 1040EZ

Objectives
At the end of this lesson the student will be able to:
1. Determine who can use Form 1040EZ.
2. Complete Form 1040EZ.

Total Time
30 minutes

Space Required
Classroom

Methods
Reading
Discussion

Training Aids
None

Student Materials
Volunteer Assistor's Guide, Module II, Lesson 1
Form 1040EZ Instructions

Content:

Introduction

Form 1040EZ is the simplest form that can be used.

Objectives:

At the end of this lesson you will be able to:

1. Determine who can use Form 1040EZ.
2. Complete Form 1040EZ.

Who Can Use Form 1040EZ

Only taxpayers who meet all requirements may use this form.

Who Cannot Use Form 1040EZ

If any of the listed items apply, the taxpayer cannot use this form.

Summary

You have just learned who can file Form 1040EZ. Next we'll cover Form 1040A.

Notes:

Have students read lesson and work exercises.

List requirements on chalkboard.

Review exercises.

Module II
Lesson 2

Taxable and Nontaxable Income

Objective
At the end of this lesson the student will be able to identify taxable and nontaxable income.

Total Time
1 hour

Space Required
Classroom

Methods
Reading
Exercises
Discussion

Training Aids
None

Student Materials
Volunteer Assistor's Guide, Module II, Lesson 2

Content:

Notes:

Introduction

Lesson Objective

At the end of this lesson you will be able to identify taxable and nontaxable income.

Notes: Have students read coursebook lesson and work exercises.
Introduce Publication 17 as the primary means of answering questions both in class and later at the assistance site.

Taxable Income

1. Wages, salaries, bonuses, and commissions
2. Tips
3. Unemployment compensation
4. Alimony or separate maintenance payments
5. Capital gains
6. Distributions from individual retirement arrangements
7. Dividends
8. Estate or trust income
9. Gain from sale of a personal residence
10. Interest (with exceptions)
11. Pensions and annuities
12. Railroad retirement benefits (part may be taxable)
13. Social security benefits (part may be taxable)
14. Prizes and awards
15. Refunds of state and local taxes (if deducting them in earlier year lowered the individual's tax liability).
16. Nonqualifying scholarships and fellowships.

Notes: Indicate that items 12 and 13 are possibly taxable.

Review the list of taxable income items most often seen by volunteers.

Content:

Nontaxable Income

1. Child support
2. Dividends on veterans' life insurance
3. Gifts, inheritances, bequests
4. Insurance and payments for personal injury and, generally, medical expenses
5. Interest on certain state and municipal bonds
6. Most life insurance proceeds paid upon death
7. Public assistance payments
8. Certain Railroad retirement benefits (part or all may be exempt from tax)
9. Social security benefits (part or all may be exempt from tax)
10. Veterans' disability benefits
11. Workmen's compensation
12. Qualified scholarships and fellowships.

Summary

In this lesson you learned to identify taxable and nontaxable income.

In the next lesson you will learn about the different filing statuses.

Notes:

Review list of nontaxable income items. Review exercises.

Module II
Lesson 3

Filing Status

Objective
At the end of this lesson the student will be able to determine if the taxpayer's filing status is single, married filing jointly, married filing separately, head of household, or qualifying widow(er) with dependent child.

Total Time
1 hour

Space Required
Classroom

Methods
Reading
Exercises
Discussion

Training Aids
Form 1040A blowup

Student Materials
Volunteer Assistor's Guide, Module II, Lesson 3
Form 1040A
Instructions for Form 1040A

Content:

Introduction

1. Objective

At the end of this lesson you will be able to determine if the taxpayer's filing status is single, married filing jointly, married filing separately, head of household, or qualifying widow(er) with dependent child.

2. Filing status affects tax.

Single

1. Unmarried taxpayer who does not qualify for a more advantageous status.
2. Determined by marital status on last day of year.
3. Unmarried taxpayer is a taxpayer who never married, is divorced or widowed, or is legally separated as defined by state law.

Married Filing Joint Return

1. Married on last day of year.
2. Combine both spouses' income on the one joint return.
3. Both spouses must sign return.
4. Both spouses are responsible for tax.

Notes:

State objective.
Have 1040A blowup displayed in classroom. Identify the four filing statuses on 1040A blowup.
Have students turn to Tax Table in Form 1040A instructions and compare tax on same income for the five filing statuses.

Have students read from *Introduction* through *Married Filing Separate Return* section in coursebook and work exercises 1 and 2.

Check for definition of "legal separation" in the appropriate state.

Review exercises 1 and 2.

Content:	Notes:
Married Filing Separate Return	
1. Married taxpayers who choose to file separately.	Community property states follow state law in determining "separate" income. Reference Publication 555.
2. Each taxpayer reports only own income and deductions.	
3. Married filing separately tax rates are the highest tax rates and usually result in highest tax.	
4. In rare situations filing separately results in lower total tax.	Give examples of separate return, lower tax: —When both taxpayers have income, but one has a small income with large medical expenses. —When taxpayers live in a community property state.
5. Both spouses should use the same method of computing tax if filing separately—if one itemizes deductions, the other one should also itemize deductions.	Briefly explain itemized deductions. Point out where to enter information on Form 1040A blowup.
6. Taxpayers should give the social security number and full name of spouse when they are married and file separate returns.	
Head of Household	
1. Unmarried taxpayer paying over half the cost of keeping up a home for a qualifying relative for more than half of the year.	Have class read *Head of Household* section of coursebook and work exercise 3. Briefly define "keeping up a home."
2. Dependency tests	
a. Support test	
b. Gross income test	$2050 gross income test for 1990.
c. Member of household or relationship test	
d. Citizenship test	
e. Joint return test	Explain to class that they need a basic understanding of "dependent" to determine who is a qualifying relative.
3. Head of household rules on who is a qualifying relative:	
a. Unmarried child—has to live with taxpayer, doesn't have to be taxpayer's dependent.	Refer to chart to summarize qualifications. Stress that unmarried child does not have to be taxpayer's dependent and that taxpayer's parent does not have to live with taxpayer. If parent does not live with taxpayer, the taxpayer must pay more than half the cost of maintaining the parents home for the entire year.
b. Married child—must live with taxpayer and be a dependent unless not a dependent for reasons as stated in student text.	
c. Foster child—must live with taxpayer and be a dependent.	
d. Parent—does not have to live with taxpayer, but must be a dependent.	

Content:

  e. Certain relatives must live with taxpayer and be dependents (a cousin is not considered a relative).

Married Persons Living Apart with Dependent Children

1. Exception that allows married taxpayers to be considered head of household.
2. Taxpayers must live apart from spouse for last six months of year and have dependent child in home with them for over six months of the year.

Qualifying Widow(er) with Dependent Child

1. First year to be able to file on 1040A.
2. Spouse died during 1988 or 1989, and taxpayer has not remarried before the end of 1990.
3. Qualifications:
   - a. Entitled to file a joint return for the year the spouse died.
   - b. Have a dependent child
   - c. Furnished over half the cost of keeping up a home for the child all year.

Additional Points

1. Errors in filing status section.
2. Decedents
3. Nonresident aliens.
4. Public assistance programs.

Summary

Mandatory Class Exercise:

Sam Atoka asks if he can file as head of household. When you ask him about keeping up a home, he tells you it cost $5,000 to keep up his home for this year, and that $3,500 of that came from public assistance. He is single and has one child.

— Did he pay over one-half the cost of keeping up the home? (No)

— Would he qualify to file as head of household? (No)

Notes:

Review exercise 3.

Have class read remainder of lesson and work exercises 4 and 5.

Review exercise 4.

Importance of listing qualifying person's name on head of household returns.

Taxpayers may file a joint return with deceased spouse who died during year if the taxpayer has not remarried.

Public support not included as part of cost taxpayer provided in maintaining household when determining filing status.

Mandatory Class Exercise:

Susan Teton is trying to figure out whether or not she furnished over half the cost of keeping up her home. The total cost of keeping up the home was $9,000. She received $4,000 in public assistance payments used for keeping up the home; she also received $4,000 child support, $3,000 of which was spent on keeping up the home. She paid the rest of the costs of home upkeep. Her wages were $3,400.

— How much was considered provided from other sources? (7000)

— How much did Susan provide for the upkeep of the home? (2000)

— Has she furnished over one-half of the cost of keeping up the home? (No)

Review exercise 5.

Indicate filing statuses with 1040A blowup, transparency, or magnetic strips.

Provide a few summary examples of your own, asking the class to determine the filing status.

Module II
Lesson 4

Exemptions

Objective
At the end of this lesson the student will be able to:
1. Define "personal exemption."
2. Define "dependent."
3. Identify the tests for determining a qualifying dependent.
4. Use the tests to determine whether an individual qualifies as a dependent.

Total Time
2 hours

Space Required
Classroom

Methods
Reading
Exercises
Discussion

Training Aids
Blowup of Form 1040A

Student Materials
Volunteer Assistor's Guide, Module II, Lesson 4

Content:	**Notes:**
Introduction	
This lesson deals with personal exemptions and dependency exemptions.	Stress distinction between personal exemptions and dependency exemptions.
Objectives	State objectives, defining terms. Have students read through Personal Exemptions to Dependency Exemptions in coursebook and complete exercise. Identify this section on blowups and show where entries are made on Form 1040A.
Personal Exemption	
1. For 1990, each exemption reduces AGI by **$2,050.**	Identify requirements for claiming this exemption.
2. Personal exemptions taken for:	
a. Self (exception—if can be claimed by another taxpayer)	Review exercise 1.
b. Spouse	
Dependency Exemption	
You will learn the five tests for dependency.	Distinguish "exemption" from "dependent." Have students read as far as *Multiple Support* section and complete exercise 2 in coursebook.
Dependency Tests	
1. Dependency tests—must meet all five:	
a. Support test	
b. Gross income test	
c. Member of household or relationship test	
d. Citizenship test	

Content:	**Notes:**
e. Joint return test	Emphasize that all five tests *must* be met. Mention related topics under support test: multiple support and children of divorced or separated parents. Emphasize that if the person meets the first three tests, he or she is treated as a dependent for the purposes of medical deductions, which will be covered in Module III.
Support Test	
1. Basic requirement—more than 50 percent of total support	Discuss what support is. List items included and excluded. Review example of this test. Review exercise 2.
2. Multiple support agreements	Have students read as far as *Gross Income Test* in Coursebook and complete exercise 3. Emphasize that only one person may claim dependent. Refer to example and illustrate Form 2120.
3. Children of divorced or separated parents	Review rules. Go over examples (highlight one on chalkboard.) Review exercise 3.
Income (Gross Income) Test	
1. $2,050 limitation—equal to or more than the amount of the exemption.	Have students read this section in coursebook and complete exercise 4. Redefine "gross income." Make sure students are clear on this point. Define "child" for tax purposes.
2. Exceptions:	
a. Child under 19	
b. Child who is a full-time student under age 24.	Emphasize full-time student for at least 5 months of year. Go over examples and answer to exercise 4.
Relationship Test	Read section and complete exercises 5 and 6. Define these terms. Give examples.
1. Qualifying relative	Emphasize that a cousin is not a qualifying relative.
2. Exemption for child who is born and dies during the year. Child must be born alive.	
3. Adopted child	
4. Qualifying relative need not live with taxpayer	
5. Other qualifying individuals, including cousins must live with taxpayer	No exemption allowed if relationship is in violation of local law.
6. Temporary absence.	Review answers to exercises 5 and 6.
Citizen or Resident Test	Have students read rest of lesson and complete exercises 7 and 8. Review examples and exercise 7.
1. U.S. citizen or resident	
2. Living abroad	
3. Exchange students	Exchange students generally don't qualify.
Married Person (Joint Return) Test	
Applies only if married—married dependent must either:	
a. Not file a joint return; or	
b. File jointly only to claim a refund.	

Content:

Summary

Review the five tests.

Now, you've learned about personal exemption, dependency exemption, and the five dependency tests. You can now determine whether a taxpayer qualifies as a dependent, using these tests.

Notes:

Review exercise 8. It is designed to reinforce overall objectives.

Module II
Lesson 5

Who Must File—Who Should File

Objectives
At the end of this lesson the student will be able to:
1. Determine who must file a tax return.
2. Determine who should file a tax return.

Total Time
30 minutes

Space Required
Classroom

Methods
Reading
Exercise
Discussion

Training Aids
None

Student Materials
Volunteer Assistor's Guide, Module II, Lesson 5

Content:

Introduction

Objectives

At the end of this lesson you will be able to:

1. Determine who must file a tax return.
2. Determine who should file a tax return.

Who Must File

1. General rules—use the "Who Must File" chart.
2. Filing Requirements for Dependents:
   a. Children and other dependents
   b. Single dependent 65 or older or blind.
   c. Married dependent under 65 and not blind.
   d. Married dependent 65 or older or blind
3. Filing Requirements Charts for Dependents:
   a. Charts 1, 2, and 3
   b. Exceptions to use of chart
4. Other Rules:
   Other factors may require person to file a return.

Who Should File

Summary

In this lesson, you learned the difference between who must file and who should file a return to get a refund.

In the next lesson you will learn what income is reported on Form 1040A.

Notes:

Have students read entire lesson and work exercise. Pay particular attention to the chart. Review rule on tip reporting.

Review chart, other rules, and examples. Review answers to exercise and respond to questions. Notice new amounts on charts for 1990 filing requirements.

Module II
Lesson 6

Income Reported on Form 1040A

Objective
At the end of this lesson the student will be able to determine the types of income that may be reported on Form 1040A.

Total Time
30 minutes

Space Required
Classroom

Methods
Reading
Exercise
Discussion

Training Aids
Blowup of Form 1040A

Student Materials
Volunteer Assistor's Guide, Module II, Lesson 6

Content:

Introduction

Objective

At the end of this lesson you will be able to determine the types of income that may be reported on Form 1040A.

Income Reported on Form 1040A

1. Wages, Salaries, and Tips
2. Interest
3. Dividends
4. Individual Retirement Arrangements (IRAs) (change for 1990)
5. Pensions and Annuities (change for 1990)
6. Unemployment Compensation
7. Social Security Benefits (change for 1990)

Summary

You now can identify types of income that may be reported on Form 1040A.

In the next lesson, you will learn to determine whether a taxpayer should file Form 1040 or 1040A.

Notes:

Review taxable and nontaxable income (lesson 1).

Have students read lesson in coursebook and work exercise. Review answers.

Module II
Lesson 7

Who May File Form 1040A

Objective
At the end of this lesson, the student will be able to determine whether a taxpayer should use Form 1040A or must use Form 1040.

Total Time
30 minutes

Space Required
Classroom

Methods
Reading
Exercises
Discussion

Training Aids
Blowup of Form 1040A

Student Materials
Volunteer Assistor's Guide, Module II, Lesson 7
Publication 17

Content:

Introduction

Objective

At the end of this lesson you will be able to determine whether a taxpayer should use Form 1040A or must use Form 1040.

Who May File Form 1040A

Probing

Summary

In this lesson you learned who should use Form 1040A. In the next lesson you will learn to complete the income section.

Notes:

At the sites, volunteers should know which forms are used for each taxpayer's situation. Have students read lesson in coursebook and work exercises.

Summarize characteristics of Form 1040A. Review example.
Review briefly income and credits section of Forms 1040 and 1040A. Compare and contrast them.
Review exercises.

Explain the need to probe and obtain necessary information to file proper form.

Module II
Lesson 8

Income Entries on Form 1040A

Objective
At the end of this lesson the student will be able to complete the income section of Form 1040A.

Total Time
30 minutes

Space Required
Classroom

Methods
Reading
Discussion
Exercises

Training Aids
Blowup of Form 1040A
Form W-2

Student Materials
Volunteer Assistor's Guide, Module II, Lesson 8

Content:	Notes:
Introduction	
1. This lesson involves other forms in addition to the 1040A: Form W-2, 1099-DIV, 1099-INT, and 1099-G.	Go over rules for rounding off, as explained in 1040A/EZ instructions.
2. Objective At the end of this lesson you will be able to complete the income section of Form 1040A.	
Wages, Salaries, Tips	Have students read lesson in coursebook and work exercises. Stress importance of combining all W-2 Forms.
Interest New for 1990—Series EE bonds for certain education expenses.	Interest must be reported in Part II, Schedule 1, if the total is more than $400. Explain how tax-exempt interest is shown.
Dividends	If more than $400, it must be reported in Part III, Schedule 1.
IRA Distributions	
Pensions and Annuities	
Unemployment Compensation	Review answers to exercises.
Social Security Benefits	Encourage volunteers to round off money items to whole dollars, whether preparing the returns themselves or assisting taxpayers in preparing returns.
Total Income	
Summary In the next lesson you'll learn how to compute the subtractions from income to arrive at taxable income.	If volunteers have difficulty extracting information from substitute Forms 1099, they should contact their technical back-up or call the Volunteer Hotline number.

Module II
Lesson 9

Subtractions from Income

Objective
At the end of this lesson the student will be able to determine a taxpayer's subtractions from income on Form 1040A.

Total Time
30 minutes

Space Required
Classroom

Methods
Reading
Exercises
Discussion

Training Aid
Blowup of Form 1040A

Student Materials
Volunteer Assistor's Guide, Module II, Lesson 9
Instructions for Form 1040A
Publication 17

Content:

Introduction

Form 1040A allows three subtractions from income.

Objective

At the end of this lesson you will be able to determine a taxpayer's subtractions from income on Form 1040A.

Contributions to an IRA

1. Computation may be done on worksheet in the instructions.
2. The amount of the deduction varies according to amounts of payments, income, and filing status.
3. Contributions may be made up to April 15, 1991 and still be taken on the return.

Standard Deduction

1. Used if not itemizing
2. Amounts vary based on filing status, age and blindness.

Exemptions Deduction

1. Computation: $2,050 multiplied by the number of exemptions on line 6e of Form 1040A.

Summary

In this lesson, you learned the subtractions on Form 1040A. In the next lesson you will learn how to compute the tax.

Notes:

Use blowup of Form 1040A to point out subtractions from income. Show sequence of steps on form: income is totaled and then deductions are subtracted to arrive at taxable income. Encourage students to round off items to whole dollars.

Have students read through section on *Payments to an IRA* and complete Exercise 1.

Review exercise 1.

Read section on standard deduction. Do exercise. Cover examples.

Notice the standard deduction table for dependents who have earned income of $500 or less.

Read to end of lesson. Do exercises.

Review the answers to exercises.

Module II
Lesson 10

Computation of Tax

Objectives
At the end of this lesson the student will be able to determine:
1. The correct tax liability on Form 1040A, using the Tax Table.
2. The effect of receiving advance earned income credit payments on tax liability.
3. If a taxpayer is due a refund or owes more tax.

Total Time
30 minutes

Space Required
Classroom

Methods
Reading
Discussion
Exercises

Training Aids
Blowup of Form 1040A

Student Materials
Volunteer Assistor's Guide, Module II, Lesson 10

Content:	Notes:
Introduction	
State objectives.	Summarize sections of Form 1040A trainees have previously learned using blowup of Form 1040A. Highlight sections of form. Have students read lesson in coursebook and work exercises.
Using the Tax Table	Stress how to locate correct tax bracket in Tax Table. Illustrate examples in text. Go over exercise 1.
Advance Earned Income Credit	
1. Who can choose to receive AEIC payments	Stress that this is voluntary.
2. Form W-5	
3. Filing new Form W-5 required each year to continue receiving AEIC payments.	Go over example and answer questions.
4. Employee who receives AEIC **must** file a tax return for that year.	
5. AEIC is shown on line 26 on the Form 1040A.	
Refund or Balance Due	
1. If amount due is $500 or more, the taxpayer may be subject to a penalty.	
2. Taxpayers may want to make contributions to voluntarily reduce the public debt.	Go over answers to exercise 2.
Summary	
In the next lesson you will learn how to complete the payment entries on Form 1040A.	

Module II
Lesson 11

Tax Credits and Payments

Objective

At the end of this lesson the student will be able to complete the following tax, credit, and payment entries on Form 1040A:

1. The credit for child and dependent care expenses,
2. The credit for the elderly or the disabled,
3. The federal income tax withheld payment,
4. Estimated tax payments, and
5. The earned income credit.

Total Time

1 hour

Space Required

Classroom

Methods

Reading
Discussion
Exercises

Training Aids

Blowup of Form 1040A

Student Materials

Volunteer Assistor's Guide, Module II, Lesson 11
Publication 17
Earned Income Credit Job Aid (Document 6656)

Content:

Introduction

Objective

At the end of this lesson you will be able to complete the following tax, credit, and payment entries on Form 1040A:

1. The credit for child and dependent care expenses.
2. The federal income tax withheld payment.
3. The earned income credit.

Credit for Child and Dependent Care Expenses

1. Review of the requirements for who may claim the credit and qualifying persons.
2. The maximum expenses eligible for the credit is $2,400 for one qualifying person and $4,800 for two or more qualifying persons.
3. The percentage used to figure the credit varies according to AGI.
4. You must complete Schedule 2 of 1040A to figure the credit.
5. Cannot be more than tax—it is not a refundable credit.

Credit for the Elderly or Disabled

Credit Limitation

Federal Income Tax Withheld

1. Block 9 of Form W-2
2. If taxpayers have more than one Form W-2, all are totaled together.

Notes:

Point out appropriate lines on blow-up of Form 1040A.

Have students read from *Introduction* to *Partial Credit for Political Contributions* and work exercises 1, 2, and 3.

Review exercises 1, 2, and 3. Give example of credit limited by tax.

Form W-2 is reproduced in coursebook.

Have students read section on *Federal Income Tax Withheld* and work exercise 4.
Review exercise 4.

Content:

Estimated Tax Payments

Earned Income Credit

1. Earned Income Credit is a refundable credit.
2. Who qualifies for earned income credit: taxpayers who have a child who lived with them over half the year, and whose income (both earned and adjusted gross) is less than $20,264. Taxpayers must have earned income. If qualifying widow(er), must have child living with them all year.
3. Who does not qualify for the earned income credit: taxpayers who don't have a child living with them all year, taxpayers whose income is $20,264 or greater, or taxpayers filing as single or married filing separate.
4. How to compute the earned income credit. Use Earned Income Credit worksheet and Earned Income Credit Table.

Note: The calculations regarding keeping up a home may not always be necessary; however, if a volunteer sees a situation that may be questionable (e.g. very low income supporting many children), he or she may want to offer to help the taxpayer determine the calculation in order to determine their appropriate filing status and their right to claim EIC.

Summary

1. In this lesson you studied various tax credit and payment entries on Form 1040A.
2. Many taxpayers make errors in using earned income credit. Use of earned income credit qualification worksheet and earned income credit computation worksheet will help to prevent such errors.
3. Taxpayers eligible for earned income credit should file to get it even if they are below filing requirements.

You are now ready to finish preparing Form 1040A.

Notes:

Have students read remainder of coursebook and work remaining exercises. Briefly define earned income.

Stress: Taxpayers must be filing as head of household, married filing jointly, or qualifying widow(er) to qualify. Give out Earned Income Credit Job Aid (Document 6656). This is a high error topic.

Mandatory Class Exercises:

1. Martha Dawes is trying to figure out if she spent over ½ the cost of keeping up her home. The cost of keeping up her home was $6,000. She received $3600 in child support during the year; of this, she spent $2500 keeping up the home. She also received AFDC of $2000, which she spent on home upkeep. The remaining home upkeep costs were paid out of her $2,600 wages.
   - — How much was considered furnished from other sources? ($4500)
   - — How much was considered furnished by Martha? ($1500)
   - — Did she furnish over ½ of the cost of keeping up the home? (No)
2. Susan Morehead has heard about the earned income credit and wants to take it. She is single and has a child who lives with her all year. She tells you it cost $4800 to keep up her home for the year. Her public assistance payments totalled $3000, which she spent on keeping up her home.
   - — Has she spent over ½ the cost of keeping up the home? (No)
   - — Does she qualify to file as Head of Household? (No)
   - — Does she qualify for the EIC? (No)

Module II
Lesson 12

Finishing the Return

Objective

At the end of this lesson the student will be able to:

1. Complete the taxpayer identification section of Form 1040A.
2. Explain the signature section to a taxpayer.
3. Use the proper VITA or TCE designation.
4. Review the return for completeness and accuracy.
5. Assemble the return.

Total Time

30 minutes

Space Required

Classroom

Methods

Reading

Discussion

Training Aids

Blowup of Form 1040A

Student Materials

Volunteer Assistor's Guide, Module II. Lesson 12

Content:	**Notes:**
Introduction Objective: At the end of this lesson you will be able to: 1. Complete the taxpayer identification section of Form 1040A. 2. Explain the signature section to a taxpayer. 3. Use the proper VITA or TCE designation. 4. Review the return for completeness and accuracy. 5. Assemble the return.	Point out taxpayer identification section and signature section of Form 1040A on blowup. Have students read lesson in coursebook.
Taxpayer Identification Section 1. Name 2. Address 3. Social security number	Point out each section on Form 1040A blowup. Stress importance of using the correct social security number and having names and social security numbers follow in same order.
Presidential Election Campaign Fund	Briefly explain.
Signature	Briefly explain what taxpayer should do when filing "married filing jointly" but one spouse is unable to sign. Point out that the Form 1040A has the occupation in the signature section.
Volunteer Designation 1. VITA or VITA-T 2. TCE or TCE-X	Stress importance.
Reviewing the Return	Review the Quality Review Checklist.
Assembling the Return	

Content:

Notes:

Summary

You should now be able to complete a simple Form 1040A. Next, we'll be covering Form 1040.

Module III
Lesson 1

Who Files Form 1040

Objective
At the end of this lesson the student will be able to determine who must or should file Form 1040.

Total Time
30 minutes

Space Required
Classroom

Methods
Reading
Discussion
Exercises

Training Aids
Blowup of Forms 1040A and 1040
Forms 1040A and 1040

Student Materials
Volunteer Assistor's Guide, Module III, Lesson 1
Instructions for Form 1040

Content:

Introduction

Objective

At the end of this lesson you will be able to determine who must or should file Form 1040.

Prerequisite

1. Objectives of Form 1040A module.
2. Highlights of changes in Form 1040A module.

Who Files 1040

1. Use lines on Form 1040 as a source to discover necessary information about the taxpayer.
2. How to determine who must file Form 1040.

Summary

In this lesson you've learned the factors involved in determining when to file, who should file and who *must* file Form 1040. In the next lesson you will learn to complete the filing status and exemption sections of Form 1040.

Notes:

Note 1990 changes to 1040A.

Answer any questions about Form 1040A module.

Have students read lesson 1. Review example with class. Work through Exercise 1 with the class. Have students work exercises 2–4. Review the answers, and respond to questions.

Module III
Lesson 2

Filing Status and Exemptions

Objective
At the end of this lesson the student will be able to complete the Filing Status and Exemptions sections of Form 1040.

Total Time
30 minutes

Space Required
Classroom

Methods
Reading
Discussion
Exercise

Training Aids
Blowup of Form 1040
Form W-2

Student Materials
Volunteer Assistor's Guide, Module III, Lesson 2

Content:

Introduction

Objective

At the end of this lesson you will be able to complete the Filing Status and Exemptions sections of Form 1040.

Q: Why is it important to use the proper filing status and correct number of personal exemptions?

A: They are used to determine the correct tax liability.

Exemptions

Same rules apply for Form 1040 as Form 1040A.

Filing Status

Again, same rules for 1040 and 1040A.

Summary

Form 1040 includes the same filing statuses you learned about on Form 1040A. In the exemptions section Form 1040 contains the same items as Form 1040A.

In the next lesson you will learn how to complete the income section for the types of income appropriate for volunteer assistance.

Notes:

Have students read the lesson and do the exercises.

Discuss importance of asking questions. Allow about 10 minutes for discussion of exercises.

Module III
Lesson 3

Income

Objectives

At the end of this lesson the student will be able to:

1. Report common types of income.
2. Determine the total amount subject to tax.

Total Time

3½ hours

Space Required

Classroom

Methods

Reading
Discussion
Exercises

Training Aids

Blowups of Forms 1040 and W-2, and Schedule B

Student Materials

Volunteer Assistor's Guide, Module III, Lesson 3
Publication 17, Your Federal Income Tax
Instructions for Form 1040
Publication 525, Taxable and Nontaxable Income
Publication 550, Investment Income and Expenses

Content:

Introduction

This lesson focuses on the income section of Form 1040. The issues appropriate to volunteer assistors are given more in-depth treatment, while those issues beyond the scope of volunteers are merely mentioned. You are encouraged to refer the taxpayer to IRS publications or professional tax assistance when appropriate.

Objective

At the end of this lesson you will be able to:

1. Report common types of income.
2. Determine the total amount subject to tax (gross income).

Wages, salaries, tips, etc.

1. Earned income—important term
2. Form W-2—prepared by employer
3. Noncash payment of wages
   - (a) Included on Form W-2
   - (b) Measured at FMV
4. Final wage payments
   - (a) At retirement or resignation
   - (b) Included on Form W-2
5. Form W-2P is *not* a report of wages:
   - (a) This income is not included in line 7 of the Form 1040.

Notes:

Post and use blowups of Form 1040, page 1, and Form W-2.

Encourage volunteers to round off income items to whole dollars, whether preparing a return themselves or assisting the taxpayer in preparing a return.

Have students read from *Introduction* to *Interest Income* and complete exercises 1 and 2.

On Form W-2 blowup, point out box 10; show actual Form W-2.

Content:	**Notes:**
(b) Pensions and annuities are studied later.	
6. Self-employment income—not wages	
(a) Form 1099-MISC different from Form W-2	
(b) Beyond scope of this program	
7. Form 1040, line 7—Enter total of amount in box 10 from all Forms W-2 when taxpayer has more than one.	Review exercises 1 and 2.
Interest income	
1. Unearned income—the money is "working", rather than the person working.	Post and use blowups of Form 1040 and Schedule B. Have students read up to *How to Report Interest.*
2. Taxable interest includes:	
(a) Interest paid on savings accounts and other deposits to financial institutions.	
(b) Interest on U.S. savings bonds.	
(c) Interest on insurance dividends and credit union dividends.	
(d) Loans made to others.	
3. Form 1099-INT—Interest reported in period received or credited.	Show trainees transparency of Form 1099-INT.
4. Form 1099-OID shows original issue discount income which should be reported.	If taxpayer did not hold obligation all year, he or she should be referred to Publication 525 or tax preparer.
5. How to report interest income	Read *How to Report Interest* and work exercises 3–5.
(a) If $400 or less, on Form 1040, line 8	
(b) Schedule B, Part I when over $400	
(c) Schedule B, Part III—the questions must be answered	
6. Tax exempt interest includes interest from municipal bonds, and bonds issued by states and other political subdivisions.	Review exercises 3–5.
Dividend income	Read from *Dividend Income* up to *Form 1099-DIV.*
1. Kinds of dividends	
(a) Ordinary dividends	
(b) Capital gain distributions	
(c) Stock dividends	
(d) Return-of-capital distributions	
(e) Insurance policy dividend and "dividends" from credit unions, etc.	These do not meet definition of true dividend.
2. How to Report Dividend Income	
a. $400 or less—enter on Form 1040, line 9	
b. Over $400—use Schedule B, Part II for Form 1040	

Content:

   c. Capital gain distribution.

3. Form 1099–DIV

Miscellaneous income

1. State and local tax refunds—did taxpayer itemize previous year?
2. Alimony received (not child support)
3. Income from business and capital gains beyond scope of volunteer assistors. Capital gains and losses from sale of stock and sale of residence covered in Module IV.
4. Capital gain distribution from Form 1099–DIV, Box 1c.
5. Pension income covered in Module IV.
6. Rental, partnership, estate and trust income, farm income, beyond scope of volunteer assistors
7. Farm Income
8. Unemployment compensation
9. Taxable Social Security Benefits
   a. Some taxpayers must include part of social security benefits in taxable income.
   b. Module IV contains a lesson on taxability of social security.
10. Broker and barter exchange transactions
11. Other income
12. Total income

Summary

You are now able to complete the income section of Form 1040 for the types of income appropriate for volunteer assistors. In the next lesson you'll learn to make adjustments to income.

Notes:

Show Form 1099–DIV on transparency. Read *Form 1099–DIV.*
Work exercises 6, 7, 8 and 9.
If volunteers have difficulty extracting information from substitute Forms 1099, they should contact their technical back-up or call the Volunteer Hotline number.
Review exercises.

Refer to blowup of Form 1040, page 1.
Read to end of lesson.
Complete exercises 10–12.

Ask volunteers to note other types of income.

Review exercises 10–12.

Answer any questions.

Module III
Lesson 4

Adjustments to Income

Objectives
At the end of this lesson the student will be able to:
1. Determine whether taxpayers qualify for the deduction for individual retirement arrangements (IRAs).
2. Figure the correct adjustment to income for:
    a. The IRA deduction
    b. Penalty for early withdrawal of savings, and
    c. Alimony paid
3. Report each deduction correctly on Form 1040 and determine adjusted gross income.

Total Time
2 hours

Space Required
Classroom

Methods
Reading
Discussion
Exercises

Training Aids
Blowup of Form 1040

Student Materials
Volunteer Assistor's Guide, Module III, Lesson 4
Form 1040
Instructions for Form 1040

Content:

Introduction

Objectives

At the end of this lesson you will be able to:

1. Determine whether taxpayers qualify for the deduction for individual retirement arrangements (IRAs).
2. Figure the correct adjustment to income for:
    a. The IRA deduction
    b. Penalty for early withdrawal of savings, and
    c. Alimony paid
3. Report each deduction correctly on Form 1040 and determine adjusted gross income.

Adjustments

1. Definition of adjustment
2. Adjustment section of Form 1040
3. Business-related adjustments are beyond scope of this course
4. These adjustments appropriate to this course:
    a. Payments to IRA
    b. Penalty for early withdrawal of savings
    c. Alimony paid

Notes:

Encourage students to round off deduction amounts to whole dollars.

Post and use Form 1040 blowup.

Have students read to *Penalty for Withdrawing Savings Early* section and complete exercises 1 and 2.

Content:	**Notes:**
Contributions to an IRA	
1. General IRA information:	
(a) Tax shelter concept	
(b) Age limitations	
(c) Dates	
(d) Unallowable transactions	
2. Who may have an IRA	
3. How much to subtract for IRA	Refer class to chart to help determine how much taxpayers can subtract for IRAs. Review answers to exercises 1 and 2. Have students read through *Alimony Paid* and complete exercises 3, 4 and 5.
Penalty for early withdrawal of savings	
1. When interest penalty is charged.	
2. Reporting interest penalty.	Review exercise 3.
Alimony	
1. Alimony definition	
2. Not child support	Review exercises 4 and 5.
Other adjustments	
1. Keogh plan	Have students read remainder of lesson and complete exercises.
2. Health insurance deduction for self-employed	
3. Jury duty pay given to employer	
Total adjustments	
Adjusted gross income (AGI)	Review exercises.

Summary

In this lesson you've learned to complete the Adjustment to Income section of Form 1040 for the three adjustments appropriate to volunteer assistance.

In the next lesson you'll learn to figure allowable itemized deductions.

Module III
Lesson 5

Itemized Deductions

Objectives
At the end of this lesson the student will be able to:
1. Determine who may itemize deductions on Schedule A (Form 1040).
2. Define the types of deductions.
3. Complete Schedule A (Form 1040).

Total Time
4 hours

Space Required
Classroom

Methods
Reading
Discussion
Exercises

Training Aids
Blowup of Schedule A (Form 1040)
Blowup of Form 1040

Student Materials
Volunteer Assistor's Guide, Module III, Lesson 5
Publication 17, Your Federal Income Tax
Instructions for Form 1040

Content:	**Notes:**
Introduction	
1. Objective	
At the end of this lesson you will be able to:	
a. Determine who may itemize deductions on Schedule A (Form 1040).	
b. Define the types of deductions.	
c. Complete Schedule A (Form 1040).	Show blowup of Schedule A (Form 1040).
2. Itemized deductions are important to a taxpayer because they help determine how much tax will be paid.	Discuss benefits of using Schedule A (Form 1040).
Medical and Dental Expenses	Have students read through *Medical and Dental Expenses* and complete exercise 1 in coursebook. Review deductible and nondeductible expenses. Refer to Publication 17.
1. Deductible Expenses	
a. Medical insurance premiums (includes dental insurance)	
b. Medicine and drugs	If either parent claims a child as a dependent under the rules for divorced or separated parents, each parent may deduct the medical expenses he or she pays for the child.
c. Payments to doctors	
d. Payments for medical care	
e. Eyeglasses and other medical equipment	
f. Transportation for medical care.	Using the blowup of Schedule A show how the limitations are applied.

Content:

Notes:

2. Figuring the medical and dental expense deduction
   1. Must exceed 7.5% of AGI
   2. Reimbursements for medical expenses are subtracted from gross medical expenses.

Taxes

Identify taxes section of Schedule A (Form 1040). Have students read *Taxes*.

1. Deductible:
   - a. State, local, and foreign income tax
   - b. Real estate tax
   - c. Personal property tax.

Discuss deductible items in each category. Then consider the limitation and exceptions applicable to different situations.

2. Nondeductible:
   - a. Federal taxes
   - b. Hunting and dog licenses
   - c. Water tax
   - d. Alcoholic beverages and tobacco taxes
   - e. Gasoline tax
   - f. General Sales tax.

Interest

Have students read *Interest* and complete exercise 2.

1. Interest is the amount paid for the use of money.

Discuss home mortgage interest.

2. Deductible
   - a. Mortgage interest
   - b. Investment interest (with limits)
   - c. Personal interest (with 10% limits)
3. Nondeductible
   - a. Credit investigation fees,
   - b. Points paid by the seller,
   - c. Loan fees (paid for services necessary to get a loan),
   - d. Interest relating to tax-exempt income,
   - e. Premium on a convertible bond, and
   - f. Interest on a debt the taxpayer is not legally liable to pay.

Review exercise 2.

Contributions

Have students read this section on *Contributions* and complete exercise 3.

1. A contribution or gift to or for the use of:
   - a. The U.S., a state or territory, a possession of the U.S. or a political subdivision of any of the foregoing, or the District of Columbia. Contributions to these political entities must be made exclusively for public purposes.

Content:	**Notes:**
b. A corporation, trust, or community chest, organized and operated exclusively for purposes that are charitable, religious, educational, scientific, literary, or for the prevention of cruelty to children or animals.	
2. Deductible Items—Review list.	
3. Nonqualifying organizations	Discuss deductible and nondeductible contributions.
4. Nondeductible items	Review example covering charitable contributions. Review exercise 3.
Casualty and Theft Losses	
Moving Expenses	
Miscellaneous Deductions	Have students read rest of lesson and complete exercises.
1. Most are subject to a 2% limit.	Discuss deductible and nondeductible amounts.
2. Employee expenses	
3. Income-producing expenses	Review employee expenses and income-producing expenses.
4. Union dues	
5. Tax counsel and assistance	
6. Not subject to 2% limit	
7. Nondeductible miscellaneous expenses	
Total Itemized Deductions	
1. Review of Schedule A	All deductions except casualty losses on Schedule A (Form 1040) are taken in year paid.
2. Computation section of Schedule A	Identify the line where each of the discussed deductions are shown on the blowup of form. Review exercises.

Summary

In this lesson, you learned about itemized deductions.

In the next lesson you'll learn to do the tax computation for Form 1040.

You will use total itemized deductions during the steps in tax computation.

Module III
Lesson 6

Tax Computation

Objective
At the end of this lesson the student will be able to complete the Tax Computation section of Form 1040 by figuring:
1. Standard deduction.
2. Taxable income.
3. Tax liability.

Total Time
1 hour

Space Required
Classroom

Methods
Reading
Discussion
Exercises

Training Aids
Blowup of Form 1040

Student Materials
Volunteer Assistor's Guide, Module III, Lesson 6
Instructions for Preparing Form 1040

Content:

Introduction

1. This lesson covers the method of computing tax for Form 1040 filers.
2. Objective

At the end of this lesson you will be able to complete the tax computation section of Form 1040 by figuring:

   a. Standard deduction
   b. Taxable income
   c. Tax liability.

Itemized Deductions

Standard Deduction

1. Review rules from Module II.
2. Standard deduction for person 65 or older or blind.
3. Standard deduction for persons who can be claimed as dependents.

Taxable Income

Compare computation to what was done on the Form 1040A for taxpayers who do not itemize.

Tax Table

Summary

Now that you are able to complete the Tax Computation section, in the next lesson you will learn to figure credits reported on Form 1040.

Notes:

Show Tax Computation section on blowup Form 1040, page 2.

Have students read lesson in coursebook and work exercises.

Cover standard deduction thoroughly. Review examples.

Explain difference in computation for taxpayers who itemize deductions and those who do not.

Go over examples, reviewing, step-by-step, computation of tax. Review answers to exercises.

Module III
Lesson 7

Tax Credits

Objectives
At the end of this lesson the student will be able to:
1. Determine who qualifies for the child and dependent care credit and complete Form 2441.
2. Complete the Credits section of Form 1040.

Total Time
1 hour

Space Required
Classroom

Methods
Reading
Discussion
Exercises

Training Aids
Form 2441
Form 5695
Blowup of Form 1040

Student Materials
Volunteer Assistor's Guide, Module III, Lesson 7

Content:	**Notes:**
Introduction	
Objectives	
At the end of this lesson you will be able to:	
1. Determine who qualifies for the child and dependent care credit and complete Form 2441.	Remind students that child care credit may be claimed on Form 1040A. Read entire lesson. Do exercise.
2. Complete the Credits section of Form 1040.	
What is a credit?	Explain that credits reduce tax, instead of lowering income as itemized deductions do. Point out Credits section on Form 1040 blowup.
Credit for Child and Dependent Care Expense	
1. Who qualifies	Explain that the requirements are the same for both Form 1040 and Form 1040A.
2. Qualifying persons	Review Module II, Lesson 11, if necessary.
3. Credit limit	
4. Nonworking spouse	
5. Figuring the credit	Form 2441 is used to figure the credit when a Form 1040 is filed.
Preparing Form 2441	Have students read each line of form carefully. Notice the new line due to Dependent Care Assistance benefits. Volunteer should refer taxpayer to a preparer if child was kept in home and employment taxes have **not** been filed. Review exercise.
Credit for the Elderly or the Disabled	For awareness only (will be covered in detail in Module IV).
Mortgage Interest Credit	For awareness only.
Credit Limitation	
Summary	

Module III
Lesson 8

Advance Earned Income Credit

Objectives
At the end of this lesson you will be able to:
1. Identify the advance earned income credit payment shown on Form W-2, *Wage and Tax Statement.*
2. Report advance earned income credit payment on Form 1040.

Total Time
30 minutes

Space Required
Classroom

Methods
Reading
Discussion
Exercises

Training Aids
Blowups of Forms 1040 and W-2

Student Materials
Volunteer Assistor's Guide, Module III, Lesson 8
Publication 17
Instructions for Form 1040

Content:

Introduction

Objective

At the end of this lesson you will be able to:

1. Identify the advance earned income credit payment shown on Form W-2, *Wage and Tax Statement.*
2. Report advance earned income credit payment on Form 1040.

Identify for class the "Other Taxes" section on Form 1040.

Determining if Credit Was Paid

A taxpayer with advance earned income credit on Form W-2 *must* file a return (either Form 1040 or Form 1040A.)

Summary

The next lesson will teach you how to complete the Payments section of Form 1040.

Notes:

Have students read lesson in coursebook and work exercises.

Identify the advance earned income credit payment box on Form W-2. Use a blowup of Form W-2 and hand out Form W-2.

Answer any questions. Review exercises.

Module III
Lesson 9

Payments

Objectives
At the end of this lesson the student will be able to:

1. Identify federal income tax withheld on Form W-2, Form W-2P, Form 1099-INT or Form 1099-DIV and enter the amounts on Form 1040.
2. Enter estimated tax payments on Form 1040.
3. Determine if an individual is eligible for the earned income credit.
4. Figure the earned income credit and enter this amount on Form 1040.

Total Time
1½ hours

Space Required
Classroom

Methods
Reading
Discussion
Exercises

Training Aids
Blowup of Forms 1040, W-2, W-2P, 1099-DIV, and 1099-INT
Earned Income Credit Job Aid and Table (Doc. 6656)

Student Materials
instructions for Form 1040
Volunteer Assistor's Guide, Module III, Lesson 9

Content:	**Notes:**
Introduction Objectives At the end of this lesson you will be able to: 1. Identify federal income tax withheld on Form W-2 or Form W-2P, and enter these amounts on Form 1040. 2. Enter estimated tax payments on Form 1040. 3. Determine if an individual is eligible for the earned income credit. 4. Figure the earned income credit and enter this amount on Form 1040.	Have students read lesson in coursebook and complete exercises.
Federal Income Tax Withholding	Identify federal income tax withheld on Form W-2 using blowup of Form W-2, Wage and Tax Statement. Show blowups of tax withheld on other forms as well. Review exercise 1. Identify where you enter federal income tax withheld using Form 1040 or blowup of Form 1040.
Estimated Tax Payments	Identify where estimated tax payments are entered on Form 1040. Explain requirements for paying estimated tax.
Earned Income Credit	Explain that qualifications are the same for both Form 1040 and Form 1040A. Stress that this is a high-error topic.
1. How to qualify for the credit	Review Module II, Lesson 11, if necessary.
2. Who cannot take the earned income credit	
3. What is earned income?	Go over Earned Income Credit Job Aid and Table. Give examples of earned income.
4. Earned Income Credit Questions and Worksheet	Review exercises 2 and 3.
5. How to figure the earned income credit.	Review exercise 4 for summary of lesson.

Content:

Summary

Now that you have studied the payment section, in the next lesson you'll learn to complete the refund/balance due section of Form 1040.

Notes:

Do Mandatory Class Exercises from Lesson 11, Module II if not already covered in class.

Module III
Lesson 10

Refund or Amount Owed

Objectives
At the end of this lesson the student will be able to:
1. Complete the Refund or Amount You Owe section of Form 1040.
2. Identify when the taxpayer may have to pay the penalty for underpayment of estimated tax.

Total Time
30 minutes

Space Required
Classroom

Methods
Reading
Discussion
Exercise

Training Aids
Blowup of Form 1040

Student Materials
Volunteer Assistor's Guide, Module III, Lesson 10

Content:

Introduction

Objective

At the end of this lesson you will be able to:

1. Complete the Refund or Amount You Owe section of Form 1040.
2. Identify when the taxpayer may have to pay the penalty for underpayment of estimated tax.

Amount Overpaid

1. Refunded to taxpayer.
2. Applied to next year's tax.

Amount Owed

1. Due date
2. Mail check with return.

Gift to Reduce the Public Debt

Underpayment of Estimated Tax

1. Not liable if balance due after withholding is under $500.
2. Exceptions to penalty—Form 2210

Summary

You'll learn in the next lesson how to finish the return.

Notes:

Identify section on Form 1040 blowup. Compare tax and payments to determine refund/balance due. Have students read lesson and work exercise.

Mention voluntary contributions to reduce public debt if taxpayer asks about them.

For awareness only. Will be covered in Module IV. Form 2210 is used. Review exercise.

Module III
Lesson 11

Finishing the Return

Objectives

At the end of this lesson the student will be able to:

1. Complete the taxpayer identification section of Form 1040.
2. Explain the signature section to a taxpayer.
3. Use the proper VITA or TCE designation.
4. Review the return for completeness and accuracy.
5. Assemble the return.

Total Time

30 minutes

Space Required

Classroom

Methods

Reading

Discussion

Training Aids

Blowup of Form 1040

Student Materials

Volunteer Assistor's Guide, Module III, Lesson 11

Instructions for Form 1040

Content:

Introduction

Objectives

At the end of this lesson you will be able to:

1. Complete the taxpayer identification section of Form 1040.
2. Explain the signature section to a taxpayer.
3. Use the proper VITA or TCE designation.
4. Review the return for completeness and accuracy.
5. Assemble the return.

Taxpayer Identification Section

1. Name, address, and social security numbers
2. Preaddressed label
3. Joint returns

Presidential Election Campaign Fund

Signature

1. Signature, date and occupation.
2. VITA or VITA–T; TCE or TCE-X designation

Reviewing the Return

1. Have another volunteer or designated quality reviewer double-check the return.
2. Use the Quality Review Checklist.

Assembling the Return

1. Forms W–2 and W–2P
2. Payments

Notes:

Have students read lesson.

Detailed instructions for use of the designations are in the Administrative Procedures lesson in Module I

Checks should include daytime phone number of taxpayer.

Content:

3. Arranging pages: sequence number is shown in the upper right corner of the form.

Notes:

Persons wishing to make voluntary contributions to reduce the public debt should enclose in the tax return envelope a *separate* check made payable to the Bureau of the Public Debt. These contributions are deductible for federal income tax purposes in the year given. Tax remittances are separate and should be made payable to Internal Revenue Service.

Summary

You have just learned how to complete the last items on the Form 1040 return. This completes Module III. In Module II, you learned how to prepare Forms 1040A and 1040EZ, and in Module III, you covered the basics in preparing Form 1040. You also read Module I, Administrative Procedures and Volunteer Assistance Techniques.

Test

Module IV
Lesson 1

## Sales of Stock

Objectives
At the end of this lesson, the volunteer will be able to:

1. Identify the items that affect the basis of stock.
2. Determine long-term and short-term holding periods.
3. Figure the gain or loss from the sale of stock using Schedule D, Form 1040.

Total Time
3½ hours

Methods
Reading, discussion, problems, roleplays

Student Materials
Volunteer Assistor's Guide, Module IV, Lesson 1
Schedule D

Instructor References
Pub. 17, Your Federal Income Tax.
Pub. 544, Sale and Other Dispositions of Assets
Pub. 551, Basis of Assets

Content:

Introduction

1. Gains on sales of certain capital assets are allowed special tax treatment.
2. This lesson covers capital gains and losses on the sale of stock and how to report them on Schedule D.
3. State objectives.

Holding Period

1. Short term = 1 year or less
2. Long term = more than 1 year

Capital Gain or Loss

1. Basis:
   a. Cost—original price plus certain costs of purchase; for example, recording fees.
   b. Adjusted basis—change in original basis due to capital improvements (buildings), casualty losses and return of capital distributions.
2. Sales price.
3. Holding Periods

Figuring Gain or Loss

1. Gain
2. Loss

Form 1099–B

Notes:

Caution: When this publication went to print, Congress was considering legislation to change the rules for taxation of capital gains.
Have volunteers read from beginning of chapter to "Reporting Gain and Loss," complete exercises 1 and 2.

Any complex basis questions should be referred.

Review Exercises 1 and 2.

Content:

Reporting Gain or Loss

1. Schedule D is used to report capital gains and losses.
2. Part I is used to report short-term capital gains and losses.
3. Part II is used to report long-term capital gains and losses.

Combining Long-Term and Short-Term Transactions

1. Part III summarizes information from Parts I and II.
2. There are yearly limitations on the amount of loss deductible.

Miscellaneous Provisions

1. Wash Sales
2. Capital Loss Carryover

Summary

1. Property owned and used for personal or investment purposes is a capital asset.
2. Schedule D is used to report gains and losses from the sale or exchange of capital assets (other than losses on personal assets).
3. There is a limitation on the amount of a capital loss that can be taken in a tax year.
4. Losses in excess of the yearly limitation may be carried over to another tax year.

Roleplays

1. Roleplay #1—Taxpayer has a short-term loss.
2. Roleplay #2—Taxpayer has a short-term gain.
3. Roleplay #3—Taxpayer is limited to a $3,000 loss.

Notes:

Have volunteers read from "Reporting Gain or Loss" to "Combining Long-Term and Short-Term Transactions" and do exercise.

Have volunteers read from "Combining Long-Term and Short-Term Transactions" to "Wash Sales." Do exercises.

Review exercises.

Read "Wash Sales" through end of chapter.

For awareness only.

Answer any questions.

Volunteers should refer questions on carryover losses.

Roleplays are optional.

Sale of Stock and Preparation of Schedule D

Roleplay #1

1–A) Taxpayer

Give the volunteer the following information:

You bought and sold stock in 1990 and want to know how to report these transactions.

Let the volunteer draw out the following information:

—You purchased 100 shares of XYZ stock on 5–1–90 for $1,000.

—You sold the 100 shares on 5–20–90 for $700.

—The above are net amounts and include expenses of sale and commissions.

1–B) Volunteer Assistor

You are to advise the taxpayer how to report the 1990 stock transactions.

1–C) Observer/Instructor

The volunteer is to determine how the taxpayer is to report the 1990 stock transaction. The volunteer assistor should bring out that this is a $300 short-term loss.

Roleplay #2

2-A) Taxpayer

Give the volunteer the following information:

You sold 100 shares of ABC stock on May 1, 1990, for $20 a share. You want to know how to report the sale.

Let the volunteer draw out the following information:

—You purchased the stock January 3, 1990, for $10 a share and paid a $50 commission.

—You paid a $75 commission when you sold the stock.

2-B) Volunteer Assistor

You are to calculate the taxpayer's basis in the stock and explain how it should be reported.

2-C) Observer/Instructor

The volunteer is to determine the taxpayer's basis in the stock and explain how it is to be reported. Points the assistor should bring out:

1. Commission included properly in calculation.
2. This is a short-term gain of $875.

Roleplay #3

3–A) Taxpayer

Give the volunteer the following information:

You sold some stock this last year for a loss and want to know how to report it.

Let the volunteer draw out the following information:

—You purchased 100 shares of ABC stock on August 1, 1975 for $100 a share.

—You sold the shares on November 3, 1990 for $25 a share.

—No commission was involved in either the purchase or sale.

—You are married, filing a joint return.

—Your taxable income for 1990 is $20,000.

3–B) Volunteer Assistor

You are to determine what amount is reportable and explain to the taxpayer how to report it.

3–C) Observer/Instructor

The volunteer is to determine the amount to be reported on the taxpayer's Form 1040. Points the assistor should bring out:

1. The amount of the loss should be calculated. $2,500 (sales price) — $10,000 (basis) = $7,500 (loss).

2. Loss is long term;

3. Taxpayer is limited to $3,000 loss.

4. The volunteer should explain the loss limitation.

Module IV
Lesson 2

Sale of Home

Objectives

At the end of this lesson volunteers will be able to:

1. Explain the rules for the postponing of and excluding gain from the sale of a main home.
2. Determine who qualifies to postpone or exclude gain.
3. Complete Form 2119, Sale of Your Home.

Methods

Reading, discussion, roleplays

Student Materials

Volunteer Assistors Guide, Module IV, Lesson 2
Publication 17

Instructor References

Publication 17, Your Federal Income Tax
Publication 523, Tax Information on Selling Your Home

Total Time

2 hours

Content:

Introduction

1. Taxpayers may be able to postpone part or all of gain from the sale of a principal residence if they meet certain requirements.
2. There is a special rule for taxpayers age 55 or older that allows them to exclude up to $125,000 on the sale of a personal residence.
3. State objectives:

At the end of this lesson you will be able to:

- a. Explain the rules for the postponement and the exclusion of gain from the sale of a main home.
- b. Determine who qualifies to postpone or exclude gain,
- c. Prepare Form 2119 Sale or Exchange of Your Home.

Main Home

1. If taxpayers alternate between two homes, only main home qualifies for the special treatment.
2. Mere ownership of a residence does not mean it qualifies as a main home.

Form 1099-S

Using Form 2119

1. Briefly introduce the sections of Form 2119.
2. Part I—General Information
2. Part II—Gain on Sale. Taxpayers who postpone gain will use Parts II and IV, and taxpayers who choose the 55-and-over exclusion will use Parts II and III.
   a. Adjusted basis

Notes:

Stress rules of postponement and qualifications of exclusion.

Make sure volunteers understand exclusion is only once-in-a-lifetime.

Have volunteers read from beginning of lesson to "Using Form 2119" and complete Exercises 1 and 2.

Review Exercises 1 and 2.

Have students read from "Using Form 2119" to "Part III" and complete Exercises 3 and 4.
Review Exercises 3 and 4.

Content:

- b. Capital expenditures
- c. Recordkeeping

3. Part III
   - a. For exclusion, age, ownership and occupancy requirements must be met:
     - (1) Must be age 55 or over on date residence sold.
     - (2) Must have owned and lived in home three of the last five years.
   - b. The one-time exclusion of gain available to individuals age 55 or older is $125,000 for sales after July 20, 1981.
   - c. For sales before July 21, 1981, and after July 26, 1978, the requirements were the same but the exclusion was limited to $100,000. Sales prior to 7/27/78 should be referred.
   - d. Prior to July 27, 1978 there were different rules for exclusion of gain. Taxpayers who excluded gain under this old law may still qualify for the $125,000 exclusion.
   - e. If the taxpayer elects to take the exclusion, complete Form 2119, Part III.
   - f. Stress that this election is optional. It may be to a person's advantage to take the exclusion later, since the exclusion can only be used once.
4. Part IV
   - a. Nonrecognition of gain is mandatory.
   - b. Suspension of replacement period.
   - c. Qualifying replacement home.
   - d. In order to postpone all of the gain, the purchase price of new residence must be equal to or greater than adjusted sales price of old residence.
   - e. Any postponed gain reduces the basis (cost) of new residence.
   - f. A loss from the sale of a personal residence is not deductible.
   - g. Taxable gain is entered on Schedule D.

Summary

1. Gain on sale of a residence may be deferred from gross income if the residence is replaced within a limited period.
2. If the cost of a new residence is less than the adjusted sales price of the old residence, all or part of gain must be included in gross income.

Notes:

Have volunteers read from "Part III" to "Part IV" and complete Exercises 5 through 6.
Review exercises.

Have students read from: "Part IV" thru end of lesson and complete exercises.
Review exercises.

Content:

3. Form 2119 is used to report sale. Part I reports facts about the home.
4. Part II, Form 2119 is used to compute the gain on the sale.
5. Part III, Form 2119 is used to elect the 55 or over exclusion.
6. Part IV, Form 2119 is used to compute the gain to be postponed and the adjusted basis of the new residence.

Roleplays

1. Roleplay #1—Taxpayer meets $125,000 exclusion test.
2. Roleplay #2—Taxpayer does not qualify; house was not main home.
3. Roleplay #3—Taxpayer does not qualify; occupancy test was not met.

Notes:

Sale of Home

Roleplay #1

1–A) Taxpayer

Give the volunteer assistor the following information.

You and your spouse sold your personal residence on June 8, 1990 and understand that there is a "special break" for older Americans on the sale.

Let the volunteer assistor draw out the following information.

—You are both over age 55: ages 61 and 64.

—You have lived in this house for 25 years.

—This was your first and only home and you don't own any other property.

1–B) Volunteer Assistor

You must determine if the taxpayers meet the requirements for the $125,000 exclusion.

1–C) Observer/Instructor

The volunteer assistor is to determine if the taxpayers qualify for the exclusion.

Points the volunteer assistor should bring out are:

1. Both taxpayers were over age 55 on the date of the sale.
2. It was the taxpayers' principal residence.
3. Taxpayers had lived there at least three out of last five years.
4. Taxpayers had not taken an exclusion on another residence after July 27, 1978.

Roleplay #2

2–A) Taxpayer

Give the volunteer assistor the following information:

You have just sold a home and want to know how to report the sale.

Let the volunteer assistor draw out the following information.

—You are 61 years old

—You have two homes and you consider this home your "second home."

—You have owned this house for 15 years.

2–B) Volunteer Assistor

You are to determine whether the taxpayer meets the requirements for the exclusion.

2–C) Observer/Instructor

The volunteer assistor is to determine that the taxpayer does not qualify for the exclusion. Points that the assistor should bring out are:

1. The taxpayer had two residences; this was not considered his or her principal residence.
2. Only principal residences qualify for the exclusion or for the postponement of gain.

Roleplay #3

3–A) Taxpayer

Give the volunteer assistor the following information:

You and your spouse sold your principal residence on September 15, 1990, and elect to exclude the gain on the sale.

Let the volunteer assistor draw out the following information.

—You are both over 55: ages 59 and 56

—You have lived in the home 18 months

—You and spouse will not replace the residence.

3–B) Volunteer Assistor

You are to determine if taxpayer meets the requirements for the exclusion.

3–C) Observer/Instructor

The volunteer assistor is to determine if taxpayers qualify for the exclusion. Points the assistor should bring out:

1. Age of taxpayers on the date of sale.
2. Was this the taxpayers' principal residence?
3. How long had the taxpayer occupied the residence?

Module IV
Lesson 3

Pensions

Objectives
At the end of this lesson, the volunteer will be able to:
1. Use the General Rule and the Simplified General Rule in computing the taxable and nontaxable parts of a pension.
2. Report pension income on the appropriate lines of Form 1040.
3. Be aware of several kinds of retirement income.
4. See, from the statement the taxpayer received, what kind of retirement income the taxpayer has.

Total Time
3 hours

Methods
Reading, discussion, exercises, roleplays

Training Aids
Pension Worksheet

Student Materials
Volunteer Assistor's Guide, Module IV, Lesson 3

Instructor References
Pub. 17, Your Federal income Tax
Pub. 575, Pension and Annuity Income

Content:

Introduction

1. Pension income can be:
   a. Fully taxable
   b. Partially taxable
   c. Tax free until cost is recovered
2. This lesson deals only with employer/employee plans
3. State objectives

Pensions and Annuities

1. Fully taxable pensions
2. Individual Retirement Arrangements
3. Partly taxable pensions

General Rule: Each payment includes:

1. Non-taxable return of contribution
2. Taxable portion

Simplified General Rule

1. Conditions for use
2. Worksheet in Form 1040 or 1040A Instructions
3. Death benefit exclusion.
4. Three-year rule—determination made for 1986 or earlier.

Notes:

Have volunteers read from beginning of lesson to "Lump-Sum Distributions." Do exercises.
Review examples and exercises.
Be sure volunteers understand terms used in the lesson.

Content:	**Notes:**
Lump-Sum Distributions	
1. Taxpayer will receive Form 1099R.	Read "Lump-Sum Distributions".
2. Refer these questions.	
Special Treatment	
1. Credit for the Elderly or the Disabled are covered in other chapters.	Read "Special Treatment".
2. Taxable Social Security/RRTA	
Statements and Income Tax Withholding	
1. Forms W-2P, Form RRB-W-2P	
2. 1099R	Read "Statements and Income Tax Withholding" to end of lesson."
Summary	
1. Pension income is either fully taxable, partially taxable or non-taxable.	Ask volunteers if they have questions about any aspects of the lesson.
2. Two rules for recovering cost: a. Three Year Rule. b. General Rule.	
3. Taxpayers who retire under permanent and total disability pension and are under 65 are discussed in Module IV, Chapter 5.	

Module IV
Lesson 4

Taxable Social Security Benefits

Objectives
At the end of this lesson the volunteer will be able to:

1. Use the social security benefits worksheet in the Form 1040 instructions to figure any social security benefits or equivalent Railroad Retirement benefits that the taxpayer must report as taxable income.
2. Report on Form 1040 any taxable part of the benefits.

Total Time
1¾ hour

Methods
Reading, discussion, exercises, roleplays

Training Aids
Flipchart
Transparencies with overhead projector

Student Materials
Volunteer Assistor's Guide, Module IV, Lesson 4
social security Benefits Worksheet

Instructor References
Publication 915

Content:	**Notes:**
Introduction	
1. A maximum of 50 percent of Social Security or Tier I Railroad Retirement benefits may be taxable.	Have volunteers read from beginning of chapter to "Using the Worksheet."
2. State objectives.	
Reportable Social Security Benefits	
1. Social Security—Old age, survivor, disability and workmen's compensation.	
2. Equivalent—railroad retirement act benefits	Explain-treatment of both benefits is the same
3. SSA-1099 or RRB-1099 are received, reporting amounts paid during the year.	
4. Lump-sum benefit payments can be reported as all received in one year, or can be spread back over the years to which it was attributable, using 3 worksheets in Pub. 915 to make the calculation.	Show SSA 1099 and RRB-1099 on transparency.
Using the Worksheet	
1. The worksheet:	Review the worksheet line by line. These are the line numbers on the proofs as we go to print. Make sure you check the actual forms to verify the line numbers.
a. Builds in the 50% limitation.	
b. Applies the base amount for filing status for modified AGI.	
c. Reflects the excess over base amount.	
d. Applies the 50% limitation applicable to the excess over the base amount.	
e. Reflects the taxable portion of the social security benefits. It also directs you to Form 1040, to report the taxable amount, if any.	Read "Using the Worksheet" to the end of the lesson. Have volunteers complete Exercises 1 and 2. Review Exercises 1 and 2 (use transparencies if possible).

Content:

Notes:

Summary

1. In this lesson you have learned under what circumstances social security and/or Tier I Railroad Retirement Act benefits are taxable, how to compute the taxable portion, if any, using the worksheet, and how to report these benefits on Form 1040.

Roleplays

1. Roleplay #1—Taxpayer's social security benefits are not included in gross income
2. Roleplay #2—$500 of the taxpayer's disability social security benefits are includible in income.

Taxable Social Security Benefits

Roleplay 1

1–A) Taxpayer

You received monthly social security benefits for the entire year and you want to know how much to report on your tax return.

Let the volunteer draw out the following information:

—Form SSA–1099, Annual Statement of Benefits, Gross Benefits $8,000; Amount repaid -0-

—Interest income from certificates of deposits $3,000

—Filing status—single

—You have no other income

1–B) Volunteer Assistor

You are to determine if the taxpayer must pay tax on his social security benefits.

1–C) Observer/Instructor

The assistor is to determine the taxable portion of the taxpayer's social security benefits. The assistor should point out that no part of the taxpayers benefits are includible in gross income because ½ the benefits plus the taxpayer's modified AGI does not exceed the base amount, $25,000 for a single taxpayer.

Roleplay #2

2–A) Taxpayer

Give the volunteer the following information: You received $8,000 in disability social security benefits during the year, $2,000 in interest income from a passbook savings account, and $20,000 from a fully taxable pension.

Let the volunteer draw out the following informations:

—Your filing status is single

—You have no adjustments to income nor tax exempt interest.

2–B) Volunteer Assistor

You are to determine the taxable portion of the taxpayer's disability social security benefits.

2–C) Observer/Instructor

The volunteer is to determine the taxable portion of the taxpayer's disability social security benefits. The volunteer should point out that $500 of these benefits are includible in income.

Module IV
Lesson 5

Credit for the Elderly or the Disabled

Objectives
At the end of this lesson, the volunteer will be able to:
1. Determine who may use Schedule R, Credit for the Elderly or the Disabled.
2. Complete Schedule R and Schedule 3 (Form 1040A).

Total Time
2 hours

Methods
Reading, discussion, problems, roleplays

Student Materials
Volunteer Assistors Guide, Module IV, Lesson 5
Schedule R

Instructor References
Pub. 17, Your Federal Income Tax
Pub. 524, Credit for the Elderly or the Disabled

Content:

Introduction

1. The credit for the elderly was designed to ease the tax burden for certain qualifying individuals. The credit is nonrefundable. (In contrast to the earned income credit.)
2. Credit is computed on Schedule R or Schedule 3 (Form 1040A). Taxpayers will need to figure tax liability before being able to complete this form.

Who May Take The Credit

1. Age 65 or over
2. Under age 65, must meet certain tests.

Permanent and Total Disability

1. An individual is permanently and totally disabled if he or she cannot engage in any substantial gainful activity because of his or her physical or mental condition which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.
2. An individual is not considered to be permanently and totally disabled unless he or she furnishes proof of the existence of the disability.

Disability Income

Limits on the Credit

Figuring the Credit

1. Base Amount
2. Reduced Base Amount
3. Adjusted Gross Income Limit
4. Review examples.

Notes:

Read from Introduction to "Completing Schedule R." Do exercise 1.

Review example.

Review chart limits.

Content:	Notes:
Completing Schedule R and Schedule 3 (Form 1040A)	
1. Base amount for credit depends on filing status and age.	Read from "Completing Schedule R and Schedule 3 (Form 1040A)" through the example on Phyllis Nolan. Ask volunteers to define other limitations on taking the credit besides income: Nontaxable pensions such as Social Security.
2. Physician's statement of permanent and total disability.	
3. Computation of the credit.	Review example on Phyllis Nolan. Read to end of lesson and have volunteers complete Exercises 2, 3, and 4.
Summary	
1. Taxpayers must meet certain requirements to qualify for the credit for the elderly or the disabled.	Review qualifications for the credit for the elderly or disabled. Answer any questions.
2. The credit cannot be more than the tax liability.	
3. The taxpayer must be age 65 or over or under 65 and permanently and totally disabled.	

Credit for the Elderly or the Disabled

Roleplay #1

1–A) Taxpayer

Give the volunteer assistor the following information:

You retired last year and want to know if you get any special retirement credits.

Let the volunteer assistor draw out the following information.

—You are 63 years old and single.

—You retired from Virginia Refrigeration Corporation and last year received $5,400 as a pension.

—You also receive $1,100 from social security.

—You did not contribute to the pension fund.

1–B) Volunteer Assistor

You are to determine if the taxpayer is allowed the credit for the elderly or the permanently and totally disabled on Schedule R.

1–C) Observer/Instructor

The volunteer assistor is to determine if the taxpayer is allowed credit for the elderly. Points the assistor should bring out:

1. The taxpayer does not qualify for the credit on Schedule R because he or she is not permanently and totally disabled and is under 65 years of age.
2. If the taxpayer were age 65 or older, he or she might qualify for the credit.

Module IV
Lesson 6

Tax on Child's Investment Income

Objectives
At the end of this lesson, the volunteer will be able to determine:

1. Children to whom the tax discussed in this lesson applies.
2. The kinds of income treated as investment income.
3. The information needed to figure the tax.

Total Time
30 minutes

Methods
Reading, discussion

Student Materials
Volunteer Assistors Guide, Module IV, Lesson 6

Instructor References
Pub. 17, Your Federal Income Tax
Pub. 929, Tax Rules for Children and Dependents

Content:

Introduction

Actual computation is beyond the scope of this program. This is for awareness only.

Children to Whom This Method Applies

1. Under age 14,
2. Investment income more than $1,000, and
3. Either parent alive at end of tax year.

Investment Income

1. Not earned income.
2. Source of investment income
3. Nontaxable investment income

Information Needed to Figure Tax

How to Figure the Tax

1. Form 8615 on child's return.
2. Amount of tax
3. Inclusion of child's unearned income on parent's return, if all listed conditions are met.

Summary

Again emphasize this is for awareness.

Notes:

Have volunteers read entire lesson, emphasizing this is for awareness only.

Module IV
Lesson 7

Estimated Tax and Underpayment of Estimated Tax

Objectives

At the end of this lesson, the volunteer will be able to:

1. Determine who must pay estimated tax.
2. Determine who must pay the penalty for underpayment of estimated tax.
3. Determine who meets the exceptions to the penalty or who qualifies for a waiver of the penalty.
4. Complete Parts I and II and Section A of Part III of Form 2210, Underpayment of Estimated Tax by Individuals.

Total Time

2 hours

Methods

Reading, discussion, problems, roleplays

Student Materials

Volunteer Assistor's Guide, Module IV, Lesson 7
Form W-4P

Instructor References

Pub. 17, Your Federal Income Tax
Pub. 505, Tax Withholding and Estimated Tax

Content:

Introduction

1. Many individuals have income on which there is no withholding; these individuals may have to make estimated tax payments.
2. State objectives.
3. Individuals who must pay estimated taxes will pay in installments.

Who Must Pay/How to Figure Estimated Tax

1. A taxpayer need not pay estimated tax if his or her tax will be less than $500, and withholding will be less than
   a. 90% of tax on 1991 return.
   b. 100% of tax on 1990 tax return.
2. Worksheet from 1040-ES is used to compute estimated tax.

When To Pay

1. The usual installment payment dates for paying estimated taxes are:
   a. April 15
   b. June 15
   c. September 15
   d. January 15
2. If Form 1040 is filed and tax paid on or before January 31, the last estimated payment for the tax year is not required.

Notes:

Define estimated taxes.

Have volunteers read from beginning of lesson to "When to Pay."

Have volunteers complete Exercise 1.
Do *not* cover Form 2210 now. It will be covered later in the lesson.

Review Exercise 1.

Reading assignment: from "When to Pay." to "How to Pay."

If payment date falls on a Saturday, Sunday or legal holiday, payment is due on the next business day.

Content:	**Notes:**
3. There are special rules for farmers and fisherman.	Discuss special rules if volunteers will be assisting those types of taxpayers.
How much estimated tax to Pay/How to pay	Have volunteers read from "How to Pay " to "Required Annual Payment."
1. Full amount	
2. Four equal installments of 90% or 100%	
3. Four payment-vouchers	Have volunteers complete Exercises 2, 3 and 4. Review Exercises 2, 3 and 4.
Alternatives to Paying Estimated Tax	
1. Form W-4	
2. Form W-4P	
3. Form W-4S	
Required Annual Payment	Have volunteers read from "Required Annual Payment" to the end of the lesson.
1. Tax system is based on a pay-as-you-go theory. Taxpayers not subject to withholding may be required to pay estimated tax.	
2. There is a penalty for underpayment of any installment of tax due.	
3. Complete Form 2210 to see if the taxpayer paid enough tax during the year.	Short method available beginning in 1990.
4. Pub. 505 has further information and worksheets on the exceptions and waivers.	Stress use of Pub. 505 at sites.
5. Figuring the penalty	
Summary	
1. Taxpayers not subject to withholding on their income may be required to pay estimated tax.	Answer any questions.
2. Estimated tax is usually paid in quarterly installments throughout the year.	
3. Form 1040-ES contains worksheet for computing the amount of estimated tax and payment vouchers for making the payments.	
4. There is a penalty for underpayment of tax.	
5. Form 2210 is used to compute the underpayment of estimated tax penalty and the exceptions to the penalty.	

Module IV
Lesson 8

Tax Withholding (Form W-4 and Form W-4P)

Objectives
At the end of the lesson, volunteers will be able to:
1. Determine when Form W-4 or Form W-4P should be completed or revised.
2. Complete a basic Form W-4 and a basic Form W-4P to figure the correct number of allowances.

Methods
Reading, discussion

Student Materials
Volunteer Assistor's Guide, Module IV, Lesson 8
Publication 17 and 919
Form W-4

Instructor References
Publication 17

Total Time
1½ Hours

Content:	**Notes:**
Introduction	
1. Income tax is paid either by withholding or estimated tax.	
2. To determine withholding, Form W-4 information is needed.	Have volunteers read to "Form W-4P", and do exercises.
Form W-4	
1. Provides information to the employer so the correct amount can be withheld.	
2. Information includes single/married status, number of withholding allowances, any additional amount.	Review outline of form.
Worksheets	
1. Personal Allowances	
2. Deductions and Adjustments	Review sections on other worksheets.
3. Two Earner/Two Job	
Completing Form W-4	
How to Correct Allowances	
Form W-4P	Have assistors do exercises. Review.
1. Periodic Payments	
2. Nonperiodic Payments	Have volunteers read to end of lesson and do exercises.
3. Election Not to Have Income Tax Withheld	Review exercises.
4. Revoking the Election	
5. Worksheets	
Completing Form W-4P	
Summary	Review main points.

Comprehensive Problems

Objective
After completing the following problems, the volunteer will be able to apply the principles learned in the coursebook and complete Form 1040, related schedules, worksheets and other forms.

Total Time
2½ hours

Method
Problem solving

Training Aids
Transparencies with overhead projector

Student Materials
Volunteer Assistor's Guide
Publication 17

Instructor References
Publication 17

Content:	**Notes:**
Introduction	
The comprehensive problems give the volunteers a chance to apply knowledge acquired in the course. State objective.	
Forms Completion	Have the volunteers complete problems 1–4.
Summary	
Review solutions to each problem.	Transparencies of completed forms for each problem should be used during the review. The answers to the comprehensive problems are shown in the Volunteer Assistor's Guide.

Military Supplement—Lesson Plans

Lesson 1

Gross Income

Objectives
At the end of this lesson the student will be able to determine which items received by members of the armed forces to include in gross income.

Total Time
30 minutes

Space Required
Classroom

Methods
Reading
Discussion
Exercise

Training Aids
None

Student Materials
Military Supplement to the Volunteer Assistor's Guide, Lesson 1

Instructor References
Treas. Reg. section 1.61-2

Content:

Introduction

This lesson lists items received by military personnel which are includible in gross income and items which are excludable.

Objective

At the end of this lesson you will be able to determine which items received by members of the armed forces to include in gross income.

Includible Income

1. Pay

—Basic

—Special

2. Bonuses

3. Amounts paid at separation

—Accrued leave

—Separation pay

Excludable Income

1. Quarters allowances

2. Subsistence allowances

3. Other exclusions—the income tax liability of a member of the Armed Forces or a civilian employee of the U.S. may be forgiven if the individual dies overseas from terrorist actions.

Notes:

This lesson seems most logically to follow lesson 2 of Module II. But if you are covering Module III concurrently with Module II, you might consider giving this lesson after lesson 3 of Module III.

Have students read *Introduction* and *Includible Income.*

Have students read *Excluded Items.*

The BAQ is paid for the benefit of the service members' and their members' families. Amounts listed which provide the service member's own quarters are also excluded.

Content:

Mortgage Interest and Real Estate Taxes

Prisoner-of-War or Other "Missing Status"

Terrorist Actions

Income Earned Abroad

The exclusion does not apply to service members' pay.

Community Property

1. Military pay of service members domiciled in a community property state is generally subject to community property laws.
2. Domicile is a permanent home. When service members maintain a home where they used to live and to which they expect to return, that home is their domicile. If they do not own or rent a home other than the one they are using now, their present home is their domicile.

Summary

Certain items received by members of the armed forces are included in the members' gross income. Certain other items are specifically excluded by law.

Notes:

Have students read *Income Earned Abroad* and *Community Property*.

Discuss domicile.

If you are giving this course in a noncommunity property state, it is still possible that assistance will be given to individuals whose domicile is in a community property state. Specific questions about the effect of community property laws should be referred to technical backup.

Have students do the exercise.
Refer students to lesson for answers.

Refer to recommended sequence flow in introduction. Then make appropriate "tie in" to the lesson you feel should follow.

Lesson 2

Aliens

Objectives
At the end of this lesson the student will be able to:
1. Determine whether an alien should file a resident, nonresident, or dual-status tax return.
2. Determine what are the sources of the income an alien must report on the U.S. return.
3. Explain the special election that permits a nonresident alien spouse to be treated as a resident alien and file a joint return.

Total Time
1 hour

Space Required
Classroom

Methods
Reading
Discussion
Exercises

Training Aids
Optional: Transparencies of Form 1040NR for use with an overhead projector. Forms with actual entries are best.

Student Materials
Military Supplement to the Volunteer Assistor's Guide, Lesson 2

Instructor References
Publication 519, *U.S. Tax Guide for Aliens*
Form 1040NR and instructions

Content:

Introduction

Objectives

At the end of this lesson you will be able to:

1. Determine whether an alien should file a resident, nonresident, or dual-status tax return.
2. Determine what are the sources of the income an alien must report on the U.S. return.
3. Explain the special election that permits a nonresident alien spouse to be treated as a resident alien and file a joint return.

Nonresident Aliens

Resident Aliens

1. Green card test
2. Substantial presence test
3. Exceptions
4. First-year choice

Dual-Status Aliens

Alien Military Personnel

1. Resident aliens—general rules

Notes:

Suggest you teach this after Module II, lesson 3, *Filing Status*, in the Volunteer Assistor's Guide.

Make the connection between regular volunteer assistor's and military information.

Discuss each category:
Define
State what income is taxable
What form to file.
Have students read in coursebook from beginning through *Dual-Status Aliens* and do exercises 1 and 2.

Content:

2. Nonresident aliens—exemption

Election To Treat Nonresident Spouse As A Resident

A nonresident alien spouse may be treated as a resident alien under certain conditions:

1. Married to U.S. citizen or resident
2. Both spouses make election
3. Citizenship or residence requirement.

How To Make The Election

Husband and wife must sign a statement and attach it to their return.

Ending The Election

1. Revocation
2. Death—Ordinarily the death of either spouse will end the election.
3. Legal separation—Will end the election as of the beginning of the tax year in which the separation occurs.
4. Inadequate records—The Internal Revenue Service may end the election for lack of documentation.

Election Not Made

1. Nonresidents may not file joint return.
2. Nonresident alien spouse may be claimed as an exemption provided certain conditions are met.
3. No U.S. tax return if no U.S. income.

Summary

1. Deciding what alien status a person should use and whether the special election for married taxpayers applies can be difficult.
2. Use the special publication (519), *U.S. Tax Guide for Aliens*, or refer your more difficult questions to the base legal office or the IRS toll-free number.
3. We will now go back to the Volunteer Assistor's Guide, and consider exemptions.

Notes:

This can be a complicated area. Suggestion: Check with the military legal office for the service personnel you will teach. You want to make this relevant for your volunteers. The legal office may have examples of situations common to your area. Have students read remainder of lesson and complete exercise 3.

IRC section 6013(h)1 and (h)2; Treas. Reg. section 1.6013-7(a)(1) Discuss conditions for eligibility—at least one spouse must be a U.S. citizen or resident by the end of the tax year.

Suggest that students advise people to consider carefully when making the election. Worldwide income of both spouses becomes taxable.

See text for additional information about a surviving spouse who is entitled to the qualifying widow or widower status.

List restrictions on filing for nonresident and dual-status aliens.

You may want to explain, briefly, the IRS technical referral system.

If you change the order of the lessons, tie the summary into your next lesson.

Lesson 3

Dependency Exemptions

Objective
At the end of this lesson the student will be able to apply the support test and citizenship test to certain military situations.

Total Time
30 minutes

Space Required
Classroom

Methods
Reading
Discussion
Exercises

Training Aids
None

Student Materials
Military Supplement to the Volunteer Assistor's Guide, Lesson 3

Instructor References
Publication 17, *Your Federal Income Tax*—Sections on Personal exemptions and dependents and support and citizenship.

Content:

Introduction

The five tests for the dependency exemption were covered in the Volunteer Assistor's Guide, Module II, Lesson 3. This lesson takes two of the five tests, the support test and the citizenship test, and applies them to military situations. Remember that persons who can be claimed as dependents on another person's return cannot claim a personal exemption on their own return.

Objective

At the end of this lesson you will be able to apply the support test and citizenship test to certain military situations.

Support Test

Armed Forces Member as a Dependent

1. If in the armed forces for the entire year, may not be claimed.
2. If in the armed forces only part of the year, then look at dependency tests.

Notes:

We suggest you teach this after Module II, lesson 4, *Exemptions*, in the Volunteer Assistor's Guide.

Note that there is a difference in the way the military uses the term "dependents" and the meaning of "dependent" for tax purposes.
For a list of military dependents: father, mother, children, spouse, etc., see Rev. Rul. 63-14.

Have students read as far as *Citizenship Test* and do exercises 1 and 2. Support for the military includes tax exempt allowances spent on support items. Fair market value of lodging, clothing, food provided, and medical care must also be considered in determining support. Determination of fair market value may be difficult. Check with the legal office. There may be some comparisons ("comparability studies") which assign a value to some support items.

The second paragraph in this section says the same thing as the first but relates to the armed forces academies (that is Annapolis, West Point, Air Force Academy).

Content:

Armed Forces Member Claiming a Dependent

1. Dependent—Dependency allotment includes government-paid portion and the part withheld from the military pay.
2. Spouses are not dependents for tax purposes—The dependency tests do not have to be met.

Citizenship Test

1. Taxpayer's dependent must be a U.S. citizen, resident or national, or a resident of Canada or Mexico for some part of the year. (National—an inhabitant of American Samoa is an example of a U.S. national.)
2. Child born in a foreign country—at least one parent must be a U.S. citizen for the child to be considered a U.S. citizen
3. Adopted child who is a nonresident alien may be considered to meet the citizenship test if:
   a. The taxpayer's home is the child's principal home.
   b. The child is a member of the U.S. citizen's household for the entire tax year.

Summary

In this lesson we have applied the support and citizenship tests for the dependency exemption to some military situations.

In the next regular lesson we'll discuss types of income which are reported on Form 1040A.

Notes:

BAQ allocated to a dependent may also be considered as support provided by you (See Publication 17.)

People may confuse the married filing separately claiming spouse rules with dependency. Different sections of the law apply.

Have students read remainder of lesson and do exercises 3 and 4.

Tie the summary into your next lesson.

Lesson 4

Earned Income Credit

Objective
At the end of this lesson the student will be able to determine eligibility for the earned income credit.

Total Time
30 minutes

Space Required
Classroom

Methods
Reading
Discussion
Exercises

Training Aids
Document 6656, Taxpayer Education Earned Income Credit Job Aid and Table

Student Materials
Military Supplement to the Volunteer Assistor's Guide, Lesson 4
EIC worksheets
Document 6656 or Form 1040A and 1040 instructions

Instructor References
Treas. Reg. section 1.43–2(c)(i)(C) and 1.2–2(c)

Content:

Introduction

Objective

At the end of this lesson you will be able to determine eligibility for the earned income credit.

Eligibility

Maintenance of a home in the U.S.

1. Child must be in the U.S. home.
2. Military service can be a temporary absence.
3. Temporary absence will not affect the maintenance of a household if:
    a. The taxpayer will return to the household, and
    b. The taxpayer continually maintains the household in question.

If not eligible for the earned income credit and income (AGI) is under $20,264, taxpayer should write "NO" on the earned income credit line of Form 1040A or 1040.

Summary

In this lesson you have learned the application of the earned income credit rules to some military situations. The next lesson, tax computation uses the same steps for both civilians and military.

Notes:

Tie in the Module II and III earned income credit material with the Military Supplement.

Keeping up a home in the U.S. is an eligibility question. Note that military BAQ and BAS are considered meals and lodging.

Have students read this section and do exercise 1.

See Treas. Reg. section 1.43–2(c)(i)(C) and 1.2–2(c). Note that a temporary absence within the U.S. may qualify.
Be careful with moves where there is no intent to return to the original point.

Lesson 5

Sale of Home

Objectives

At the end of this lesson the student will be able to:

1. Determine the time period in which a replacement home must be bought and occupied if the gain is to be postponed.
2. Identify some special provisions that might affect military personnel.

Total Time

2 hours

Space Required

Classroom

Methods

Reading
Discussion
Exercises

Training Aids

Chalkboard or flipchart

Student Materials

Military Supplement to the Volunteer Assistor's Guide, Lesson 5

Instructor References

Publication 523, *Tax Information on Selling Your Home*

Content:

Introduction

Objectives

At the end of this lesson the student will be able to:

1. Determine the time period in which a replacement home must be bought and occupied if the gain is to be postponed.
2. Identify some special provisions that might affect military personnel.

Replacement Period

1. For postponement of gain to apply, the replacement home must be both purchased and occupied within 2 years before or after the sale of the old home.
2. The running of the 2 years may be suspended for up to 2 years while a member of the armed forces is on extended active duty.
3. Overseas assignment may also suspend the replacement period.

Special Issues

1. Rental property does not qualify for postponement of gain.
2. A home temporarily rented while on the market to sell is not considered rental property.

Notes:

This lesson would most logically follow lesson 2 of Module IV in the Volunteer Assistor's Guide.
Discuss scope of lesson and references.
Have students read from *Introduction* to *Special Issues.* Review concepts from lesson on Sale of Home in Publication 678—gain or loss, replacement period, postponement of tax, and exclusion of gain.

Have the students do the exercise. Review the exercise.

Have students read *Special Issues* to end of lesson.

Content:

3. Property used for business does not qualify for postponement of gain. If a taxpayer uses part of his or her home for business, the gain must be allocated between the business and residential parts and only the residential shown on Form 2119.
4. *More than one new home.* When the replacement home is sold within the replacement period and a new home is purchased within the original replacement period, the last home is used for postponement of gain on the first. Any gain on the second home is taxable. But if the second home was sold because of a job-related move, both sales qualify for postponement.
5. Exception for work-related move.

Summary

This lesson covered the replacement period for sale of a home and other provisions that might affect military personnel.

Notes:

The lesson does not go into depth on this. Taxpayers with this situation should be referred to technical backup.

Lesson 6

Moving Expenses

Objectives

At the end of this lesson the student will be able to:

1. Identify qualifying moves.
2. Determine when allowances and reimbursements must be included in income.
3. Identify deductible moving expenses.
4. Compute the moving expense deduction using Form 3903, *Moving Expenses.*

Total Time

1½ hours

Space Required

Classroom

Methods

Reading
Discussion
Exercises

Training Aids

Form 3903
Blowup of Form 1040
Schedule A

Student Materials

Military Supplement to the Volunteer Assistor's Guide, Lesson 6

Instructor References

Publication 17, *Your Federal Income Tax*
Publication 521, *Moving Expenses*
Treas. Reg. section 1.2117-2

Content:

Introduction

Objectives

At the end of this lesson you will be able to:

1. Identify qualifying moves.
2. Determine when allowances and reimbursements must be included in income.
3. Identify deductible moving expenses.
4. Compute the moving expense deduction using Form 3903, *Moving Expenses.*

Permanent Change of Station

1. Expenses should be reasonable
2. Time and distance requirement.
   a. Civilians
   b. Military exception

Payments in Kind, Allowances, and Reimbursements

1. In kind payments are not includible in gross income.
2. Reimbursements and allowances which equal expenses are not includible.

Notes:

Have students read coursebook lesson up to "Deductible Moving Expenses" and work exercise.

Define permanent change of station.

Refer to Publication 17.
Discuss special rule for military.
Review exercises. Have students read rest of lesson and work exercises.

Content:	Notes:
3. Value of reimbursement to move the member and his or her spouse to a separate location is not includible.	
4. Reimbursements or allowances which exceed expenses are includible.	
5. Dislocation and trailer allowances not shown on W-2 are includible.	Review exercise.
Deductible Moving Expenses	Use Form 3903 to discuss types of deductible expense. Make sure each student has a copy of Form 3903.
1. Meal Expense Deductions—limits.	
2. Moving taxpayer and family.	
3. Premove expenses to search for new place to live.	
4. Temporary living expenses.	Stress that if these expenses are used as moving expenses they cannot be claimed on Form 2119.
5. Expenses to sell home or lease and expenses to acquire new home or lease.	Review exercise.
Limitations	
1. Dollar limits	Use Form 3903 to discuss dollar limitations. Show overhead of Form 3903.
2. Foreign moves	Define a foreign move. Stress different limitations for foreign moves.
Reporting Moving Expenses	Lead class line by line through Form 3903 and Schedule A.

Summary

In this lesson you learned the various rules that must be considered before computing the moving expense deduction. You should now be able to identify qualifying moving expenses and compute the moving expense deduction using Form 3903 and Schedule A.

Refer to recommended sequence flow in introduction. Then make appropriate "tie-in" to the lesson you feel should follow.

Lesson 7

Travel Expenses

Objectives
At the end of this lesson the student will be able to identify travel and transportation expenses (including meals) incurred by armed forces members.

Total Time
1 hour

Space Required
Classroom

Methods
Reading
Discussion
Exercises

Training Aids
Form 2106

Student Materials
Military Supplement to the Volunteer Assistor's Guide, Lesson 7

Instructor References
Treas. Reg. Section 1.62-1 and 1.162-2
Publication 463, *Travel, Entertainment and Gift Expenses*

Content:

Introduction

This lesson covers the travel and transportation expenses of armed forces members. It also explains how to show those expenses. For Military Situations, Form 2106 will rarely be applicable anymore; unreimbursed expense must be taken on Schedule A.

General Information

Form 1040

Form W-2

Form 2106

Meals

Travel Expenses

1. Expenses for travel other than transportation must be incurred while the taxpayer is "away from home" (that is, away from his or her permanent duty station on official business for a period long enough to require substantial rest).
2. Personal expenses are nondeductible. There must be a business purpose.
3. Allowable expenses.
4. Reservists—temporary active duty
5. Educational Expenses

Transportation Expenses

Commuting from home to the permanent duty station is a personal expense and never deductible.

Records

Summary

Notes:

The concept of being "away from home" is basic. Emphasize the concept of "tax home" as unrelated to where someone lives. Emphasize that this requirement does not apply to transportation, but to the other expenses of travel.

Have students complete through exercise 2. Discuss.

Read rest of lesson.

Lesson 8

Miscellaneous Itemized Deductions

Objectives
At the end of this lesson, the student will be able to identify miscellaneous itemized deductions of particular interest to the military.

Total Time
1 hour

Space Required
Classroom

Methods
Reading
Discussion
Exercises

Training Aids
Blowup of Schedule A, Form 1040

Student Materials
Form 2106 (for all students)
Military Supplement to the Volunteer Assistor's Guide, Lesson 8
Publication 17, *Your Federal Income Tax*

Instructor References
Treas. Reg. Section 1.162-5
IRC Section 162
Publication 17, *Your Federal Income Tax*

Content:

Introduction

1. A general discussion of miscellaneous deductions can be found in Module III of the Volunteer Assistor's Guide.
2. This lesson discusses specific itemized deductions of special interest to the military.
3. A taxpayer claims miscellaneous deductions on Schedule A of Form 1040. Many are now subject to the 2% of AGI limit.

Objective

At the end of this lesson, you will be able to identify miscellaneous itemized deductions of particular interest to the military.

Uniforms

1. Cost of buying and keeping up uniforms can be deducted *only* if:
    a. The uniforms are specifically required as a condition of employment, **and**
    b. The uniforms are not adaptable to general use as regular clothing
2. Generally, members of the military *may not* deduct the cost and upkeep of military uniforms because the uniforms:
    a. May be worn off duty, and
    b. Can be worn in place of regular civilian clothing.

Notes:

We suggest teaching this after Module III, lesson 5, *Itemized Deductions* in the Volunteer Assistor's Guide.

Point to Miscellaneous section on blowup of Schedule A.

Read from *Introduction* to *Professional Dues*. Complete Exercise 1.

Content:

3. A member may deduct the cost and upkeep of uniforms if military regulations prohibit their off-duty wear.
4. A member must reduce any deductible uniform costs by any nontaxable allowances or reimbursements received.

Active Duty Uniforms

1. Members on active duty may deduct fatigues *only* if local military regulations prohibit off-duty wear.

Reservists' Uniforms

Reservists may deduct the cost and upkeep of their uniforms if military regulations prohibit off-duty wear.

Articles Not Replacing Regular Clothing

A member of the military may deduct such items as:

1. Insignia of rank
2. Corps devices
3. Epaulets
4. Aiguillettes
5. Swords

Professional Dues

1. Taxpayers may deduct dues to professional societies directly related to their trade or business.
2. Members *may not* deduct amounts paid to:
   a. An officer's club
   b. a noncommissioned officer's club

Educational Expenses

1. Members may claim certain educational expenses on their returns if certain rules are met.
2. Taxpayers, including members of the armed forces, may deduct expenses for education, even though the education may lead to a degree, if the education:
   a. Is required by the taxpayer's employer, or law or regulations, for keeping salary, status, or employment, when these requirements serve a business purpose; or
   b. Maintains or improves the skills required in the taxpayer's present work.

Notes:

Stress that off-duty wear does not usually include commuting between home and base by car. Stress that nontaxable uniform allowance or reimbursement would reduce the expense.

Stress treatment of uniform allowance or reimbursement.

Review exercise 1 with the students.

Read rest of lesson and complete exercises.

Give examples.

Content:	**Notes:**
3. A taxpayer *may not* deduct educational expenses, even though these requirements are met, if the education:	
a. Is required of the taxpayer to meet the *minimum* educational requirements for employment; or	
b. Is part of a program of study that will lead to qualifying the taxpayer for a new trade or business.	Stress that intent is not a factor. Review and discuss examples.
Deductible Expenses	
1. Certain educational expenses are deducted on Schedule A, Form 1040.	Discuss the questions that must be answered on Form 2106 concerning the educational expenses;
2. Travel and transportation expenses related to education are deductible on Form 2106.	Refer to lesson 7, *Travel Expenses*, in the Military Supplement.
3. Expenses for education includes:	
a. Tuition	
b. Books	
c. Supplies	
d. Laboratory fees	
e. Correspondence courses	
f. Expense of typing research papers	
4. Educational expenses do not include those of a personal or capital nature.	Give examples.
Treatment of Allowances and Reimbursements	
1. A member of the armed forces must reduce deductible educational expenses by any reimbursements and allowances.	
2. Educational services provided in kind are not deductible.	Give example. Review exercises.
Summary	
1. As a volunteer assisting members of the armed forces, you will be asked questions dealing with a variety of subjects, especially itemized deductions.	
2. In this lesson we discussed some of the more common itemized deductions of special interest to the military.	
3. You are now able to identify miscellaneous itemized deductions of particular interest to the military.	Refer to recommended sequence flow in introduction. Then make appropriate "tie-in" to the lesson you feel should follow.

best copy available

Lesson 9

Filing Returns

Objectives
At the end of this lesson the student will be able to:
1. Determine where and when to file a federal tax return.
2. Identify situations in which extensions of time to file are granted and determine the length of these extensions.

Total Time
30 minutes

Space Required
Classroom

Methods
Reading
Discussion
Exercises

Training Aids
Flipchart or transparency of the objectives.
Transparency of entity section of Form 1040.

Student Materials
Military Supplement to the Volunteer Assistor's Guide, Lesson 9
Publication 17, *Your Federal Income Tax*
Instructions to Form 1040, 1040A, and 1040EZ

Instructor Reference
Publication 17, *Your Federal Income Tax*
Publication 54, *Tax Guide U.S. Citizen and Resident Aliens Abroad.*

Content:

Introduction

1. When and where to file are concerns of all taxpayers, including members of the military.
2. General rules for filing are in the Volunteer Assistor's Guide.
3. This lesson deals with special concerns military members have in this area.

Objectives

At the end of this lesson you will be able to:

1. Determine where and when to file a federal tax return.
2. Identify situations in which extensions of time to file are granted, and determine the length of these extensions.

Taxpayer Identification

All taxpayers, including members of the armed forces, should indicate the following on their return:

1. Their names
2. Social Security numbers
3. Permanent home addresses

If a taxpayer is due a refund and does not want it mailed to the permanent home address, the taxpayer should enter his or her current address or post office box number on the return.

Notes:

We suggest teaching this after Module II, lesson 11 or after Module III, lesson 11, on Finishing the Return. Have students read lesson and do the exercises.

Use flipchart or transparency to show objectives.

Show transparency of entity section of Form 1040.

Stress the importance of using the preaddressed label, if available, and making any necessary corrections on the label.

Content:	**Notes:**
Where to File	
1. A taxpayer should send the federal return to the Internal Revenue Service Center assigned to where he or she resides.	Refer to the forms instructions and Publication 17 for specific addresses of the service center. Give specific example.
2. If a taxpayer is outside the U.S. and has no legal residence or principal place of business in the U.S., he or she should file the return with the Internal Revenue Service Center, Philadelphia, PA 19255.	
3. Taxpayers (other than those with APO or FPO addresses) who live in Guam or the Virgin Islands should use the addresses in the instructions.	
When to File	
Members of the military as well as civilians, who live in the U.S. or Puerto Rico and use the calendar-year period, should file by April 15.	Mention extension to next business day if April 15 falls on a Saturday, Sunday, or legal holiday.
Extensions Within the U.S.	
1. A taxpayer may obtain an automatic 4-month extension of time to file Form 1040 by submitting Form 4868 on or before the due date of the tax return.	Stress that the extension is for additional time to file—not additional time to pay. Payment of tax is due with Form 4868.
2. Underestimating the actual tax due can result in the assessment of penalties and interest.	Refer to the section in Publication 17 on filing returns for more detailed information on penalties.
3. If a taxpayer uses the automatic 4-month extension, he or she *cannot:* a. Use Form 1040EZ. b. Elect to have IRS compute the tax.	
4. Extension beyond the 4-month period may be requested by filing form 2688, or by letter.	
5. If it is discovered that the information on Form 2688 was false or misleading, the extension is void and the taxpayer is then subject to penalty for failure to file a timely return.	
Extensions Outside the U.S. and Puerto Rico	
1. Taxpayers who are outside the U.S. or Puerto Rico on April 15 and their main place of business is outside the U.S. or Puerto Rico are allowed an automatic extension of time until June 15 to file their return and pay any tax due.	
2. Taxpayers must attach a statement to their return to obtain the automatic 2-month extension.	
3. For separate returns, both spouses must meet the conditions in order for both to qualify for the 2-month extension.	
4. For a joint return, only one of the spouses needs to be outside the U.S. to qualify for the automatic extension.	

Content:

5. To extend the due date beyond June 15, a taxpayer may file Form 4868 on or before June 15. This will extend the due date to August 15.

Summary

1. In this lesson you have learned:
    a. Where federal returns are filed.
    b. When federal returns are due.
    c. The effect extensions can have on the filing date.
2. In the next section, Summary Problems, students will have the opportunity to test their knowledge by working on comprehensive problems.

Notes:

Stress that any tax due must be paid with Form 4868.
Review exercises.

Problems and answers are contained in the Military Supplement.

Testing Guidelines for the Instructor

Testing has been included to serve as a guide to both volunteers and instructors on whether or not training enabled the volunteers to meet the course objectives. At the beginning of training, you asked the volunteer to read the Introduction to the Volunteer Assistor's Guide, which describes the program objectives and introduces testing. Have your students read the Introduction in the Test Booklet. The instructions explain the test, and how it is graded. If time permits, you should grade the examination quickly after the students finish, return it, and cover in class the areas that caused the students the most problems.

Remind volunteers that the service they will be providing is free. They will be asked to initial a statement in the Test and/or Retest verifying that they understand this.

Students may use Publication 17, the coursebook, and any other reference materials they will use on-the-job to complete the Test.

Solutions to the Test and Retest are included on the following pages.

The Volunteer Assistor's Test:

It is possible for *everyone* to pass the Volunteer Assistor's Test, which asks the volunteer to demonstrate his or her ability to fill out accurately a Form 1040A, 1040EZ, and a Form 1040. If a volunteer does not pass the test, he or she can try again on the Volunteer Assistor's Retest.

The Test is divided into five parts, each of which is scored separately:

Part I—General tax law and administrative procedures

Part II—Form 1040A and 1040EZ

Part III—Form 1040 and Form 1040A

Part IV—Elderly and Advanced Topics

Part V—Quality Review

Volunteers should take all parts that apply to them. All volunteers should take Part I. If the volunteer does not pass the Test for any one module, he or she may take the Retest. The Test and Retest are designed identically. If a volunteer is completing the coursebook self-instructionally, he or she will need to contact the Taxpayer Education Coordinator to take the Test. Individuals may take the Test without formally completing the training. More information is included in the test booklets.

Passing the Test:

Information on passing the tests is included in the test booklet.

Have your class address franked envelopes and attach them to the test answer booklet when they finish to facilitate your sending out the results.

To ensure fairness to all volunteers, tests and answers must be protected from compromise. Keep tests inaccessible to volunteers, all other personnel, and the general public. Control the tests. Know how many you have and how many you use, and account for them when they are returned.

Summary of Instructor Testing Duties:

1. Distribute franked envelopes when the test is given so that volunteers may address the envelopes to themselves.
2. If time permits, correct the tests as soon as the volunteers finish, return them to the volunteers, and go over the answers that give them the most problems. Then proceed to the next module. Otherwise correct tests within five working days following the end of training.
3. Complete the certification page in each test booklet.
4. Provide a list of all volunteers indicating whether or not they passed to the Taxpayer Education Coordinator.
5. Provide the statements concerning the volunteers understanding that VITA is free service to the Taxpayer Education Coordinator.

Volunteer Assistor's Test and Retest Answers

Test—Part I

1. b, c
2. a. Single
   b. Single
3. a. MFS
   b. HH
4. a. MFS
   b. MFS
5. Support, gross income, member of household, or relationship, citizenship, joint return.
6. No
7. Yes
8. Yes
9. c, d, e
10. Yes
11. No
12. No
13. Yes
14. a, b, d, e.
15. a. No
    b. No
16. No.
17. No
18. None
19. a. No
    b. —
20. a. Yes
    b. $158

Retest—Part I

1. d, e

2. a. Single
   b. Single

3. a. MFS
   b. HH

4. a. MFS
   b. MFS

5. Support, gross income, member of household or relationship, citizenship, joint return.

6. Yes

7. Yes

8. No

9. a, b, c, d

10. No

11. No

12. Yes

13. Yes

14. a, b, c, d

15. a. No
    b. No

16. No

17. No

18. None

19. a. No
    b. —

20. a. Yes
    b. $300

Test, Part V

1. Line 4 is wrong, because taxpayer can be claimed as a dependent. The rest of the return is subsequently incorrect.

2. Taxpayer claimed head of household. But, return does not show the name of the qualifying person.

3. Wrong standard deduction. (1 box checked for blindness). Rest of return is subsequently incorrect.

4. Transposed figures when turning from page 1 to page 2. Rest of return is subsequently incorrect.

5. Tax was based on the income tax withheld, so is incorrect.

Retest, Part V

1. Line 4 is wrong, because taxpayer can be claimed as a dependent. The rest of the return is subsequently incorrect.

2. Taxpayer claimed head of household. But, return does not show the name of the qualifying person.

3. Wrong standard deduction. (1 box checked for blindness). Rest of return is subsequently incorrect.

4. Transposed figures when turning from page 1 to page 2. Rest of return is subsequently incorrect.

5. Tax was based on the income tax withheld, so is incorrect.

Test, Part II

Form **1040A**

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return **1990**

PROOF COPY

OMB No. 1545-0085

Step 1
Label
(See page 14.)
Use IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial: Ruth L.
Last name: Stephens
If a joint return, spouse's first name and initial:
Last name:
Home address (number and street). (If you have a P.O. box, see page 15.): 650 Buford Place
Apt. no.:
City, town or post office, state and ZIP code. (If you have a foreign address, see page 15.): Huntsville AL 35088

Your social security no. 000 00 4321
Spouse's social security no.

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Presidential Election Campaign Fund (see page 15)
Do you want $1 to go to this fund? ☐ Yes ☐ No
If joint return, does your spouse want $1 to go to this fund? ☐ Yes ☐ No

Note: *Checking "Yes" will not change your tax or reduce your refund.*

Step 2
Check your filing status
(Check only one.)

1 ☒ Single. (See page 16 to find out if you can file as head of household.)
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security number above and spouse's full name here ▶ ____
4 ☐ Head of household (with qualifying person). (See page 16.) If the qualifying person is your child but not your dependent, enter this child's name here ▶ ____
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19 ____). (See page 17.)

Step 3
Figure your exemptions
(See page 17.)

6a ☒ **Yourself** If someone else (such as your parent) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 18b on page 2.
6b ☐ **Spouse**

No. of boxes checked on 6a and 6b: 1

c **Dependents:**

If more than 7 dependents, see page 20.

1. Name (first, initial, and last name)	2. Check if under age 2	3. If age 2 or older, dependent's social security number	4. Relationship	5. No. of months lived in your home in 1990
Jeff N. Stephens		000 00 1222	son	12

No. of your children on 6c who:
- lived with you: 1
- didn't live with you due to divorce or separation (see page 20): ____

No. of other dependents listed on 6c: ____

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed.

Add numbers entered on lines above: 2

Step 4
Figure your total income

Attach Copy B of your Forms W-2 and W-2P here.

Attach check or money order on top of any Forms W-2 or W-2P.

7	Wages, salaries, tips, etc. This should be shown in Box 10 of your W-2 form(s). (Attach Form(s) W-2.)	7	19620 00
8a	**Taxable** interest income (see page 23). (If over $400, also complete and attach Schedule 1, Part I.)	8a	
b	**Tax-exempt** interest. (DO NOT include on line 8a.) 8b		
9	Dividends. (If over $400, also complete and attach Schedule 1, Part II.)	9	
10a	Total IRA distributions. 10a — **10b** Taxable amount (see page 24).	10b	
11a	Total pensions and annuities. 11a — **11b** Taxable amount (see page 24).	11b	
12	Unemployment compensation (insurance) from Form(s) 1099-G.	12	
13a	Social security benefits. 13a — **13b** Taxable amount (see page 27).	13b	
14	Add lines 7 through 13b (far right column). This is your **total income.** ▶	14	19620 –

Step 5
Figure your adjusted gross income

15a	Your IRA deduction from applicable worksheet. 15a		
b	Spouse's IRA deduction from applicable worksheet. **Note:** *Rules for IRAs begin on page 29.* 15b		
c	Add lines 15a and 15b. These are your **total adjustments.**	15c	
16	Subtract line 15c from line 14. This is your **adjusted gross income.** (If less than $20,264, see "Earned income credit" on page 39.) ▶	16	19620 –

1990 **Form 1040A** Page 2

PROOF COPY

Step 6

Figure your standard deduction, exemption amount, and taxable income

17	Enter the amount from line 16.	17	19620 –
18a	Check if: ☐ **You** were 65 or older ☐ Blind ☐ **Spouse** was 65 or older ☐ Blind **Enter number of boxes checked** ▶ 18a ☐		
b	If someone else (such as your parent) can claim you as a dependent, check here ▶ 18b ☐		
c	If you are married filing separately and your spouse files Form 1040 and itemizes deductions, see page 33 and check here ▶ 18c ☐		
19	**Enter your standard deduction. See page 34 for the chart (or worksheet) that applies to you. Be sure to enter your standard deduction here.**	19	3250 –
20	Subtract line 19 from line 17. (If line 19 is more than line 17, enter -0-.)	20	16370 –
21	Multiply $2,050 by the total number of exemptions claimed on line 6e.	21	4100 –
22	Subtract line 21 from line 20. (If line 21 is more than line 20, enter -0-.) This is your **taxable income**.	▶ 22	12270 –

Step 7

Figure your tax, credits, and payments

(If you want IRS to figure your tax, see page 35.)

23	Find the tax on the amount on line 22. Check if from: ☒ Tax Table (pages 48–53) or ☐ Form 8615 (see page 36)			23	1841 –
24a	Credit for child and dependent care expenses. Complete and attach Schedule 2.	24a			
b	Credit for the elderly or the disabled. Complete and attach Schedule 3.	24b			
c	Add lines 24a and 24b. These are your **total credits.**			24c	
25	Subtract line 24c from line 23. (If line 24c is more than line 23, enter -0-.)			25	1841 –
26	Advance earned income credit payments from Form W-2.			26	
27	Add lines 25 and 26. This is your **total tax.**			▶ 27	1841 –
28a	Total Federal income tax withheld. (If any is from Form(s) 1099, check here ▶ ☐.)	28a	2251 –		
b	1990 estimated tax payments and amount applied from 1989 return.	28b			
c	**Earned income credit.** See page 39 to find out if you can take this credit.	28c			
d	Add lines 28a, 28b, and 28c. These are your **total payments**.			▶ 28d	2251

Step 8

Figure your refund or amount you owe

Attach check or money order on top of Form(s) W-2, etc. on page 1.

29	If line 28d is more than line 27, subtract line 27 from line 28d. This is the amount you **overpaid.**			29	410
30	Amount of line 29 you want **refunded to you.**			30	410
31	Amount of line 29 you want **applied to your 1991 estimated tax.**	31			
32	If line 27 is more than line 28d, subtract line 28d from line 27. This is the **amount you owe**. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040A" on it.			32	
33	Estimated tax penalty. (see page 43).	33			

Step 9

Sign your return

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

▶ Your signature	Date	Your occupation Nurse
▶ Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation

Paid preparer's use only

Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's social security no.
Firm's name (or yours if self-employed) and address ▶		E.I. No.	
		ZIP code	

Does not qualify

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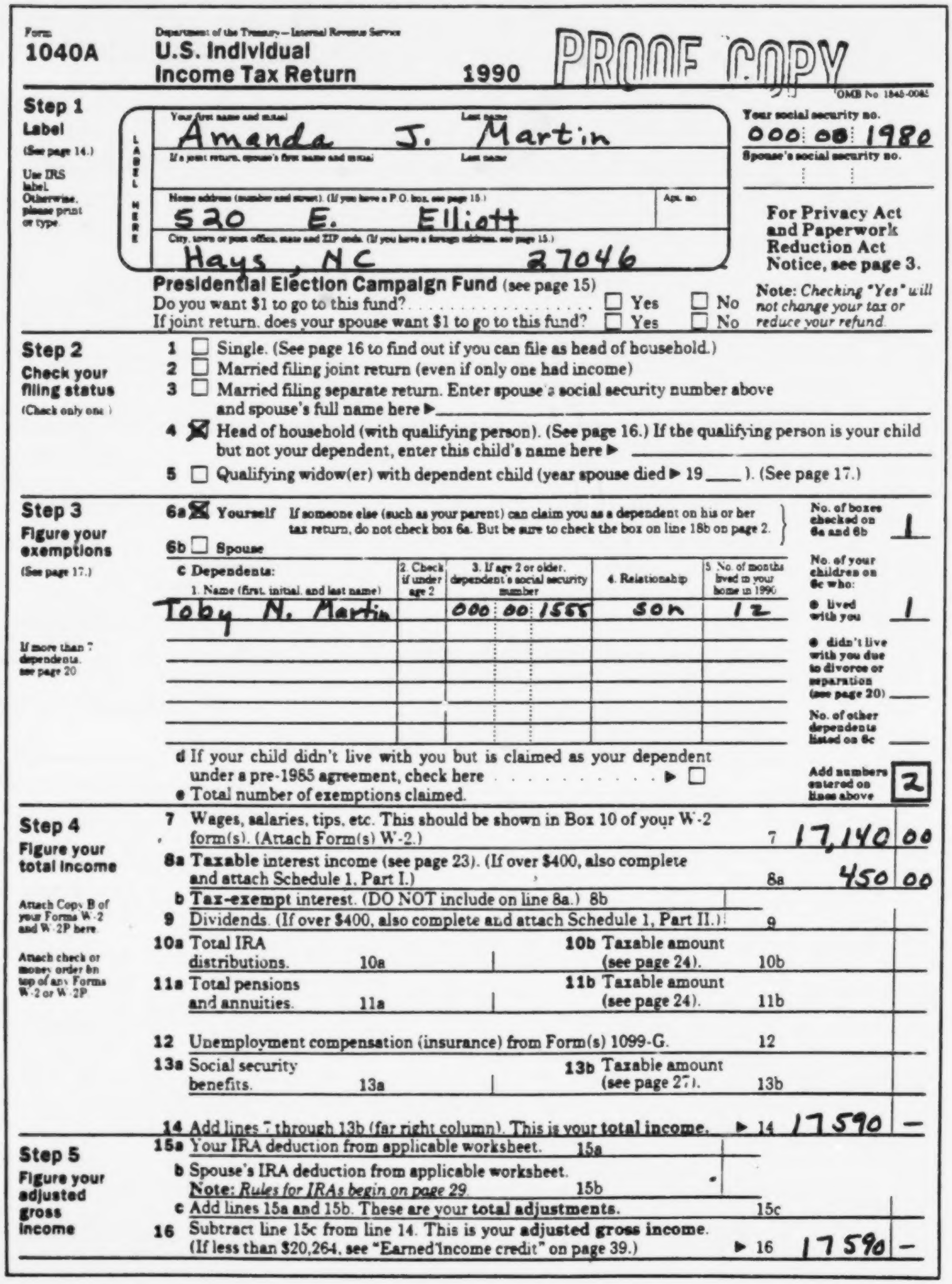
Earned Income Credit Worksheet (keep for your records)

If your filing status is single or married filing separately, you cannot take the credit. Do not complete this worksheet.

1. Enter the amount from Form 1040A, line 7. Include scholarship or fellowship income only if you received a W-2 form for it.
2. Enter your total nontaxable earned income. Also write "NEI" to the left of the line 28c entry space on Form 1040A. Do this even if you cannot take the credit.
3. Add lines 1 and 2. If this amount is $20,264 or more, stop here. You may not take the credit.
4. Enter the amount from Form 1040A, line 17. If this amount is $20,264 or more, stop here. You may **not** take the credit.
5. If line 4 is **less than $10,750,** use the amount on line 3 to find the credit in the table that begins on page 54. Enter the credit here and on Form 1040A, line 28c.
6. If line 4 is **at least $10,750:**
    - **a.** First, use the amount on line 3 to find the credit in the table that begins on page 54. Enter that amount here.
    - **b.** Then, use the amount on line 4 to find the credit in the table. Enter that amount here.
    - **c.** Compare lines **a** and **b** above. Enter the **smaller** of the two amounts here. Also enter this amount on Form 1040A, line 28c.

2. Gayle Somerset/Amanda Martin



Form **1040A** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 1990

PROOF COPY

OMB No 1545-0085

Step 1
Label
(See page 14.)
Use IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial: Amanda J. Last name: Martin
If a joint return, spouse's first name and initial: Last name:
Home address (number and street). (If you have a P.O. box, see page 15.): 520 E. Elliott Apt. no.
City, town or post office, state and ZIP code. (If you have a foreign address, see page 15.): Hays, NC 27046

Your social security no.: 000 00 1980
Spouse's social security no.:

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Presidential Election Campaign Fund (see page 15)
Do you want $1 to go to this fund? . . . . ☐ Yes ☐ No
If joint return, does your spouse want $1 to go to this fund? ☐ Yes ☐ No

Note: *Checking "Yes" will not change your tax or reduce your refund.*

Step 2
Check your filing status
(Check only one.)

1 ☐ Single. (See page 16 to find out if you can file as head of household.)
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security number above and spouse's full name here ▶ ____
4 ☒ Head of household (with qualifying person). (See page 16.) If the qualifying person is your child but not your dependent, enter this child's name here ▶ ____
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19____). (See page 17.)

Step 3
Figure your exemptions
(See page 17.)

6a ☒ **Yourself** If someone else (such as your parent) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 18b on page 2.
6b ☐ **Spouse**

No. of boxes checked on 6a and 6b: 1

c **Dependents:**

1. Name (first, initial, and last name)	2. Check if under age 2	3. If age 2 or older, dependent's social security number	4. Relationship	5. No. of months lived in your home in 1990
Toby N. Martin		000 00 1555	son	12

If more than 7 dependents, see page 20

No. of your children on 6c who:
- lived with you: 1
- didn't live with you due to divorce or separation (see page 20): ____

No. of other dependents listed on 6c: ____

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here . . . . ▶ ☐
e Total number of exemptions claimed.

Add numbers entered on lines above: 2

Step 4
Figure your total income

Attach Copy B of your Forms W-2 and W-2P here.

Attach check or money order on top of any Forms W-2 or W-2P.

7 Wages, salaries, tips, etc. This should be shown in Box 10 of your W-2 form(s). (Attach Form(s) W-2.) 7: 17,140 00
8a **Taxable** interest income (see page 23). (If over $400, also complete and attach Schedule 1, Part I.) 8a: 450 00
b **Tax-exempt** interest. (DO NOT include on line 8a.) 8b
9 Dividends. (If over $400, also complete and attach Schedule 1, Part II.) 9
10a Total IRA distributions. 10a 10b Taxable amount (see page 24). 10b
11a Total pensions and annuities. 11a 11b Taxable amount (see page 24). 11b
12 Unemployment compensation (insurance) from Form(s) 1099-G. 12
13a Social security benefits. 13a 13b Taxable amount (see page 27). 13b
14 Add lines 7 through 13b (far right column). This is your **total income.** ▶ 14: 17590 —

Step 5
Figure your adjusted gross income

15a Your IRA deduction from applicable worksheet. 15a
b Spouse's IRA deduction from applicable worksheet. *Note: Rules for IRAs begin on page 29* 15b
c Add lines 15a and 15b. These are your **total adjustments.** 15c
16 Subtract line 15c from line 14. This is your **adjusted gross income.** (If less than $20,264, see "Earned Income credit" on page 39.) ▶ 16: 17590 —

II-4

1990 **Form 1040A** Page 2

PROOF COPY

Step 6

Figure your standard deduction, exemption amount, and taxable income

17 Enter the amount from line 16. — 17 17590 | –

18a Check if: ☐ You were 65 or older ☐ Blind / ☐ Spouse was 65 or older ☐ Blind } Enter number of boxes checked ▶ 18a ☐

b If someone else (such as your parent) can claim you as a dependent, check here ▶ 18b ☐

c If you are married filing separately and your spouse files Form 1040 and itemizes deductions, see page 33 and check here ▶ 18c ☐

19 **Enter your standard deduction. See page 34 for the chart (or worksheet) that applies to you. Be sure to enter your standard deduction here.** — 19 4750 | –

20 Subtract line 19 from line 17. (If line 19 is more than line 17, enter -0-.) — 20 12840 | –

21 Multiply $2,050 by the total number of exemptions claimed on line 6e. — 21 4100 | –

22 Subtract line 21 from line 20. (If line 21 is more than line 20, enter -0-.) This is your **taxable income**. ▶ 22 8740 | –

Step 7

Figure your tax, credits, and payments

(If you want IRS to figure your tax, see page 35.)

23 Find the tax on the amount on line 22. Check if from: ☒ Tax Table (pages 48–53) or ☐ Form 8615 (see page 36) — 23 1309 | –

24a Credit for child and dependent care expenses. Complete and attach Schedule 2. — 24a 182 | –

b Credit for the elderly or the disabled. Complete and attach Schedule 3. — 24b

c Add lines 24a and 24b. These are your **total credits**. — 24c 182 | –

25 Subtract line 24c from line 23. (If line 24c is more than line 23, enter -0-.) — 25 1,127 | –

26 Advance earned income credit payments from Form W-2. — 26

27 Add lines 25 and 26. This is your **total tax**. ▶ 27 1,127 | –

28a Total Federal income tax withheld. (If any is from Form(s) 1099, check here ▶ ☐.) — 28a 2090

b 1990 estimated tax payments and amount applied from 1989 return. — 28b

c **Earned income credit.** See page 39 to find out if you can take this credit. — 28c 268

d Add lines 28a, 28b, and 28c. These are your **total payments**. ▶ 28d 2358 | –

Step 8

Figure your refund or amount you owe

Attach check or money order on top of Form(s) W-2, etc. on page 1.

29 If line 28d is more than line 27, subtract line 27 from line 28d. This is the amount you **overpaid**. — 29 1231

30 Amount of line 29 you want **refunded to you**. — 30 1231

31 Amount of line 29 you want **applied to your 1991 estimated tax**. — 31

32 If line 27 is more than line 28d, subtract line 28d from line 27. This is the **amount you owe**. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040A" on it. — 32

33 Estimated tax penalty. (see page 43). — 33

Step 9

Sign your return

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature | Date | Your occupation

Spouse's signature (if joint return, BOTH must sign) | Date | Spouse's occupation

Paid preparer's use only

Preparer's signature | Date | Check if self-employed ☐ | Preparer's social security no.

Firm's name (or yours if self-employed) and address | E.I. No. | ZIP code

Schedule 1
(Form 1040A)

Department of the Treasury – Internal Revenue Service

Interest and Dividend Income for Form 1040A Filers

PROOF COPY

1990

OMB No. 1545-008

Name(s) shown on Form 1040A Amanda J. Martin

Your social security number 000 00 1980

Part I

Interest Income

(See pages 23 and 45.)

Complete this part and attach Schedule 1 to Form 1040A if you received over $400 in taxable interest or are claiming the exclusion of interest from Series EE U.S. savings bonds issued after 1989.

If you are claiming the exclusion or you received, as a nominee, interest that actually belongs to another person, see page 45.

Note: *If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, enter the firm's name and the total interest shown on that form.*

1 List name of payer		Amount	
	1		
First National Bank		450	00
2 Add the amounts on line 1.	2	450	00
3 Enter the excludable savings bond interest, if any, from Form 8815, line 14. Attach Form 8815 to Form 1040A.	3		
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, line 8a.	4	450	00

Part II

Dividend Income

(See pages 24 and 45.)

Complete this part and attach Schedule 1 to Form 1040A if you received over $400 in dividends.

If you received, as a nominee, dividends that actually belong to another person, see page 45.

Note: *If you received a Form 1099-DIV or substitute statement from a brokerage firm, enter the firm's name and the total dividends shown on that form*

5 List name of payer		Amount	
	5		
6 Add amounts on line 5. Enter the total here and on Form 1040A, line 9.	6		

For Paperwork Reduction Act Notice, see the Form 1040A instructions.

Schedule 1 (Form 1040A) 1990

Schedule 2
(Form 1040A)

Department of the Treasury—Internal Revenue Service

Child and Dependent Care Expenses for Form 1040A Filers

1990 PROOF COPY OMB No. 1545-0085

Name(s) shown on Form 1040A: Amanda J. Martin

Your social security number: 000 00 1980

- If you are claiming the child and dependent care credit, complete Parts I and II below. But if you received employer-provided dependent care benefits, first complete Part III on the back.
- If you are not claiming the credit but you received employer-provided dependent care benefits, only complete Part I, below, and Part III on the back.

Part I

Persons or organizations who provided the care

You MUST complete this part. (See page 46.)

1	a. Name	b. Address (number, street, city, state, and ZIP code)	c. Identification number (SSN or EIN)	d. Amount paid (see instructions)
	Kiddie - KAre	317 Beverly Dr. Hays NC 27046	10 - 1126597	700 -

(If you need more space, attach schedule.)

2 Add the amounts in column d of line 1 and enter the total. 2 700 -

Note: *If you paid cash wages of $50 or more in a calendar quarter to an individual for services performed in your home, you must file an employment tax return. Get* **Form 942** *for details.*

Part II

Credit for child and dependent care expenses

3 Enter the number of qualifying persons who were cared for in 1990. You must have shared the same home with the qualifying person(s). (See page 46 for the definition of a qualifying person.) 3 1

4 Enter the amount of **qualified** expenses you incurred and actually paid in 1990. See page 47 to find out which expenses qualify. **Caution:** *If you completed Part III, DO NOT include on this line any excluded benefits shown on line 23.* 4 700

5 Enter $2,400 ($4,800 if you paid for the care of two or more qualifying persons). 5 2400

6 If you completed Part III, enter the **excluded benefits,** if any, from line 23. 6

7 Subtract line 6 from line 5. If line 6 is equal to or more than line 5, STOP HERE; you cannot claim the credit. 7 2400

8 Compare the amounts on lines 4 and 7. Enter the **smaller** of the two amounts here. 8 700

9 You **must** enter your **earned income.** (See page 47 for the definition of earned income. 9 17,140

10 If you are married filing a joint return, you **must** enter your spouse's earned income. (If spouse was a full-time student or disabled, see the instructions for the amount to enter.) 10

11 If you are married filing a joint return, compare the amounts on lines 9 and 10. Enter the **smaller** of the two amounts here. 11

12
- If you are married filing a joint return, compare the amounts on lines 8 and 11. Enter the **smaller** of the two amounts here.
- All others, compare the amounts on lines 8 and 9. Enter the **smaller** of the two amounts here. 12 700

13 Enter the decimal amount from the table below that applies to the amount on Form 1040A, line 17.

If line 17 is: Over—	But not over—	Decimal amount is:	If line 17 is: Over—	But not over—	Decimal amount is:
$0	10,000	.30	$20,000	22,000	.24
10,000	12,000	.29	22,000	24,000	.23
12,000	14,000	.28	24,000	26,000	.22
14,000	16,000	.27	26,000	28,000	.21
16,000	18,000	.26	28,000		.20
18,000	20,000	.25			

13 ×.26

14 Multiply the amount on line 12 by the decimal amount on line 13. Enter the result here and on Form 1040A, line 24a. 14 = 182 -

For Paperwork Reduction Act Notice, see the Form 1040A instructions.

Schedule 2 (Form 1040A) 1990

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Part III

Employer-provided dependent care benefits

Complete this part only if you received employer-provided dependent care benefits. Also, be sure to complete Part I.

15 Enter the total amount of employer-provided dependent care benefits you received for 1990. (This amount should be separately shown in Box 15 of your W-2 form(s).) DO NOT include amounts that were reported to you as wages in Box 10 of Form(s) W-2. 15

16 Enter the amount forfeited, if any. (See the instructions.) 16

17 Subtract line 16 from line 15. 17

18 Enter the total amount of **qualified** expenses incurred in 1990 for the care of a qualifying person. (See page 47.) 18

19 Compare the amounts on lines 17 and 18. Enter the **smaller** of the two amounts here. 19

20 You **must** enter your **earned income.** (See the instructions for lines 9 and 10 for the definition of earned income.) 20

21 If you were married at the end of 1990, you **must** enter your spouse's earned income. (If your spouse was a full-time student or disabled, see the instructions for lines 9 and 10 for the amount to enter.) 21

22
- If you were married at the end of 1990, compare the amounts on lines 20 and 21. Enter the **smaller** of the two amounts here.
- If you were unmarried, enter the amount from line 20 here. 22

23 **Excluded benefits.** Enter here the **smallest** of the following:
- The amount from line 19, or
- The amount from line 22, or
- $5,000 ($2,500 if married filing a separate return). 23

24 **Taxable benefits.** Subtract line 23 from line 17. Enter the result. (If line 23 is more than line 17, enter -0-.) Also, include this amount in the total on Form 1040A, line 7. In the space to the left of line 7, **write** "DCB." 24

Note: *If you are also claiming the child and dependent care credit, fill in Form 1040A through line 23. Then complete Part II of this schedule.*

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Earned Income Credit Worksheet (keep for your records)

If your filing status is single or married filing separately, you cannot take the credit. Do not complete this worksheet.

1. Enter the amount from Form 1040A, line 7. Include scholarship or fellowship income only if you received a W-2 form for it. 17,140

2. Enter your total nontaxable earned income. Also write "NEI" to the left of the line 28c entry space on Form 1040A. Do this even if you cannot take the credit. ☐

3. Add lines 1 and 2. If this amount is $20,264 or more, stop here. You may not take the credit. 17,140

4. Enter the amount from Form 1040A, line 17. If this amount is $20,264 or more, stop here. You may **not** take the credit. 17,590

5. If line 4 is **less than $10,750**, use the amount on line 3 to find the credit in the table that begins on page 54. Enter the credit here and on Form 1040A, line 28c. ☐

6. If line 4 is **at least $10,750:**

   a. First, use the amount on line 3 to find the credit in the table that begins on page 54. Enter that amount here. → 313

   b. Then, use the amount on line 4 to find the credit in the table. Enter that amount here. → 268

   c. Compare lines **a** and **b** above. Enter the **smaller** of the two amounts here. Also enter this amount on Form 1040A, line 28c. 268

3. Bill Alcott/Jane Winchester

Form **1040EZ**

Department of the Treasury - Internal Revenue Service

Income Tax Return for Single Filers With No Dependents **1990**

PROOF COPY

OMB No. 1545-0675

Name & address

Use IRS label (see page 8). If you don't have one, please print.

LABEL HERE

Print your name (first, initial, last)
Jane W. Winchester

Home address (number and street). (If you have a P.O. box, see page 9.) Apt. no.
1560 Fremont Ave

City, town or post office, state, and ZIP code. (If you have a foreign address, see page 9.)
West Port NM 88110

Please print your numbers like this:

Your social security number
000 00 4327

See the back. Also, see the Form 1040EZ booklet.

Presidential Election Campaign (see page 9)
Do you want $1 to go to this fund?
Note: Checking "Yes" will not change your tax or reduce your refund. ▶

Yes ☒ No ☐

		Dollars	Cents
Report your income Attach Copy B of Form(s) W-2 here. Attach tax payment on top of Form(s) W-2.	1 Total wages, salaries, and tips. This should be shown in Box 10 of your W-2 form(s). (Attach your W-2 form(s).) 1	4,350	00
	2 Taxable interest income of $400 or less. If the total is more than $400, you cannot use Form 1040EZ. 2	55	00
	3 Add line 1 and line 2. This is your **adjusted gross income.** 3	4,405	00
Note: You must check Yes or No.	4 Can your parents (or someone else) claim you on their return? ☒ **Yes.** Do worksheet on back; enter amount from line E here. ☐ No. Enter 5,300.00. This is the total of your standard deduction and personal exemption. 4	3,250	00
	5 Subtract line 4 from line 3. If line 4 is larger than line 3, enter 0. This is your **taxable income.** 5	1,155	00
Figure your tax	6 Enter your Federal income tax withheld from Box 9 of your W-2 form(s). 6	432	00
	7 **Tax.** Use the amount on line 5 to find your tax in the tax table on pages 14-16 of the booklet. Enter the tax from the table on this line. 7	174	00
Refund or amount you owe	8 If line 6 is larger than line 7, subtract line 7 from line 6. **This is your refund.** 8	258	00
	9 If line 7 is larger than line 6, subtract line 6 from line 7. This is the **amount you owe.** Attach your payment for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1990 Form 1040EZ" on it. 9		

Sign your return

(Keep a copy of this form for your records.)

I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

Your signature Date

X

For IRS Use Only—Please do not write in boxes below.

☐☐☐☐
☐☐☐☐

1990 Instructions for Form 1040EZ

PROOF COPY

Use this form if

- Your filing status is single.
- You were under 65 and not blind at the end of 1990.
- You do not claim any dependents.
- Your taxable income (line 5) is less than $50,000.
- You had only wages, salaries, tips, and taxable scholarships or fellowships, and your taxable interest income was $400 or less. **Caution:** *If you earned tips (including allocated tips) that are not included in Box 13 of your W-2, you may not be able to use Form 1040EZ. See page 10 in the booklet.*

If you are not sure about your filing status or dependents, see page 4 in the booklet.

If you can't use this form, see Tele-Tax *(topic no. 152)* on page 23 in the booklet.

Completing your return

Please print your numbers inside the boxes. Do not type your numbers. Do not use dollar signs.

Most people can fill out the form simply by following the instructions on the front. But you will have to use the booklet if you received a scholarship or fellowship or tax-exempt interest (such as on municipal bonds). Also use the booklet if you received a 1099-INT showing income tax withheld (backup withholding) or if you had two or more employers and your total wages were more than $51,300.

Remember, you must report your wages, salaries, and tips even if you don't get a W-2 form from your employer. You must also report all your taxable interest income from savings accounts at banks, savings and loans, credit unions, etc., even if you don't get a Form 1099-INT.

Standard deduction worksheet for dependents who checked "Yes" on line 4.

If you checked "Yes" because someone can claim you as a dependent, fill in this worksheet to figure the amount to enter on line 4.

A. Enter the amount from line 1 on front. **A.** 4350

B. Minimum amount. **B.** 500.00

C. **Compare** the amounts on lines A and B above. Enter the LARGER of the two amounts here. **C.** 4350.

D. Maximum amount. **D.** 3,250.00

E. **Compare** the amounts on lines C and D above. Enter the SMALLER of the two amounts here and on line 4 on front. **E.** 3250.

If you checked "No" because no one can claim you as a dependent, enter 5,300.00 on line 4. This is the total of your standard deduction (3,250.00) and personal exemption (2,050.00).

Avoid common mistakes

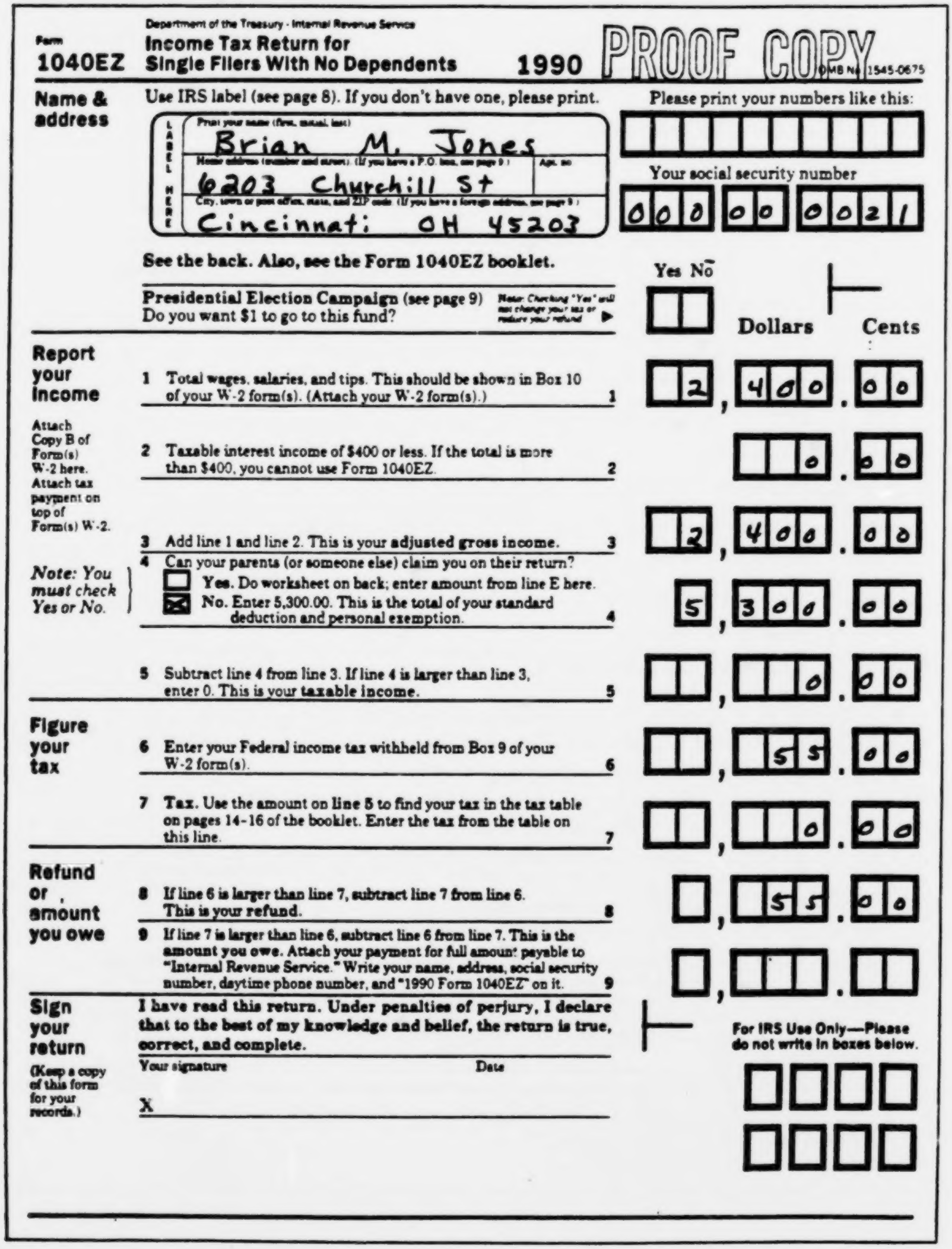
This checklist is to help you make sure that your form is filled out correctly.

1. Are your name and address correct on the label? If not, did you correct the label?
2. Is your social security number correct?
3. Did you attach your W-2 form(s) to the left margin of your return?
4. Did you add and subtract correctly?
5. If someone (such as your parent) can claim you as a dependent on his or her tax return, did you check the "Yes" box on line 4 and fill out the worksheet above?
6. Did you enter an amount on line 4?
7. Did you use the amount from **line 5** to find your tax in the tax table?
8. Did you sign and date your return? If you paid someone to prepare your return, did that person sign it and show other information? See page 13 in the booklet.

Mailing your return

Mail your return by **April 15, 1991.** Use the envelope that came with your booklet. If you don't have that envelope, see page 17 in the booklet for the address to use.

4. Kristine Edwards/Brian Jones



Form **1040EZ**

Department of the Treasury - Internal Revenue Service

Income Tax Return for Single Filers With No Dependents **1990**

PROOF COPY

OMB No. 1545-0675

Name & address

Use IRS label (see page 8). If you don't have one, please print.

Print your name (first, initial, last): Brian M. Jones

Home address (number and street). (If you have a P.O. box, see page 9.) Apt. no.: 6203 Churchill St

City, town or post office, state, and ZIP code (If you have a foreign address, see page 9.): Cincinnati OH 45203

Please print your numbers like this:

Your social security number: 000 00 0021

See the back. Also, see the Form 1040EZ booklet.

Presidential Election Campaign (see page 9) Do you want $1 to go to this fund? *Note: Checking "Yes" will not change your tax or reduce your refund.* ▶ Yes ☐ No ☐

		Dollars	Cents
Report your income Attach Copy B of Form(s) W-2 here. Attach tax payment on top of Form(s) W-2.	1 Total wages, salaries, and tips. This should be shown in Box 10 of your W-2 form(s). (Attach your W-2 form(s).) 1	2,400	00
	2 Taxable interest income of $400 or less. If the total is more than $400, you cannot use Form 1040EZ. 2	0	00
	3 Add line 1 and line 2. This is your **adjusted gross income.** 3	2,400	00
Note: You must check Yes or No.	4 Can your parents (or someone else) claim you on their return? ☐ **Yes.** Do worksheet on back; enter amount from line E here. ☒ **No.** Enter 5,300.00. This is the total of your standard deduction and personal exemption. 4	5,300	00
	5 Subtract line 4 from line 3. If line 4 is larger than line 3, enter 0. This is your **taxable income.** 5	0	00
Figure your tax	6 Enter your Federal income tax withheld from Box 9 of your W-2 form(s). 6	55	00
	7 **Tax.** Use the amount on **line 5** to find your tax in the tax table on pages 14-16 of the booklet. Enter the tax from the table on this line. 7	0	00
Refund or amount you owe	8 If line 6 is larger than line 7, subtract line 7 from line 6. **This is your refund.** 8	55	00
	9 If line 7 is larger than line 6, subtract line 6 from line 7. This is the **amount you owe.** Attach your payment for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1990 Form 1040EZ" on it. 9		

Sign your return

(Keep a copy of this form for your records.)

I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

Your signature Date

X

For IRS Use Only—Please do not write in boxes below.

5. James Door/Susan Thomas

Form **1040A** Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return **1990**

PROOF COPY

OMB No. 1545-0085

Step 1 **Label** (See page 14.)

Use IRS label. Otherwise please print or type

LABEL HERE

Your first name and initial: Susan M. Last name: Thomas

If a joint return, spouse's first name and initial: Last name:

Home address (number and street). (If you have a P.O. box, see page 15.): 903 West Lane Apt. no.

City, town or post office, state and ZIP code. (If you have a foreign address, see page 15.): Jackson VA 22102

Your social security no.: 000 00 0001

Spouse's social security no.:

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Presidential Election Campaign Fund (see page 15)

Do you want $1 to go to this fund? ☒ Yes ☐ No

If joint return, does your spouse want $1 to go to this fund? ☐ Yes ☐ No

Note: *Checking "Yes" will not change your tax or reduce your refund.*

Step 2 **Check your filing status** (Check only one.)

1 ☒ Single. (See page 16 to find out if you can file as head of household.)

2 ☐ Married filing joint return (even if only one had income)

3 ☐ Married filing separate return. Enter spouse's social security number above and spouse's full name here ▶ ______

4 ☐ Head of household (with qualifying person). (See page 16.) If the qualifying person is your child but not your dependent, enter this child's name here ▶ ______

5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19____). (See page 17.)

Step 3 **Figure your exemptions** (See page 17.)

6a ☐ **Yourself** If someone else (such as your parent) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 18b on page 2.

6b ☐ **Spouse**

No. of boxes checked on 6a and 6b: 0

c Dependents:

If more than 7 dependents, see page 20.

1. Name (first, initial, and last name)	2. Check if under age 2	3. If age 2 or older, dependent's social security number	4. Relationship	5. No. of months lived in your home in 1990

No. of your children on 6c who:
- lived with you ______
- didn't live with you due to divorce or separation (see page 20) ______

No. of other dependents listed on 6c ______

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐

e Total number of exemptions claimed.

Add numbers entered on lines above: 0

Step 4 **Figure your total income**

Attach Copy B of your Forms W-2 and W-2P here.

Attach check or money order on top of any Forms W-2 or W-2P.

7	Wages, salaries, tips, etc. This should be shown in Box 10 of your W-2 form(s). (Attach Form(s) W-2.)	7	3,000	00
8a	**Taxable** interest income (see page 23). (If over $400, also complete and attach Schedule 1, Part I.)	8a	475	00
b	**Tax-exempt** interest. (DO NOT include on line 8a.) 8b			
9	Dividends. (If over $400, also complete and attach Schedule 1, Part II.)	9		
10a	Total IRA distributions. 10a ______ **10b** Taxable amount (see page 24).	10b		
11a	Total pensions and annuities. 11a ______ **11b** Taxable amount (see page 24).	11b		
12	Unemployment compensation (insurance) from Form(s) 1099-G.	12		
13a	Social security benefits. 13a ______ **13b** Taxable amount (see page 27).	13b		
14	Add lines 7 through 13b (far right column). This is your **total income.** ▶	14	3475	00

Step 5 **Figure your adjusted gross income**

15a	Your IRA deduction from applicable worksheet. 15a			
b	Spouse's IRA deduction from applicable worksheet. Note: *Rules for IRAs begin on page 29.* 15b			
c	Add lines 15a and 15b. These are your **total adjustments.**	15c		
16	Subtract line 15c from line 14. This is your **adjusted gross income.** (If less than $20,264, see "Earned income credit" on page 39.) ▶	16	3,475	00

PROOF COPY

Step 6

Figure your standard deduction, exemption amount, and taxable income

17 Enter the amount from line 16. 17 3475 | 00

18a Check if: ☐ You were 65 or older ☐ Blind ☐ Spouse was 65 or older ☐ Blind } **Enter number of boxes checked** ▶ 18a ☐

b If someone else (such as your parent) can claim you as a dependent, check here ▶ 18b ☒

c If you are married filing separately and your spouse files Form 1040 and itemizes deductions, see page 33 and check here ▶ 18c ☐

19 **Enter your standard deduction. See page 34 for the chart (or worksheet) that applies to you. Be sure to enter your standard deduction here.** 19 3000 | -

20 Subtract line 19 from line 17. (If line 19 is more than line 17, enter -0-.) 20 475 | -

21 Multiply $2,050 by the total number of exemptions claimed on line 6e. 21 0 | -

22 Subtract line 21 from line 20. (If line 21 is more than line 20, enter -0-.) This is your **taxable income**. ▶ 22 475 | -

Step 7

Figure your tax, credits, and payments

(If you want IRS to figure your tax, see page 35.)

23 Find the tax on the amount on line 22. Check if from: ☒ Tax Table (pages 48–53) or ☐ Form 8615 (see page 36) 23 73

24a Credit for child and dependent care expenses. Complete and attach Schedule 2. 24a

b Credit for the elderly or the disabled. Complete and attach Schedule 3. 24b

c Add lines 24a and 24b. These are your **total credits.** 24c -

25 Subtract line 24c from line 23. (If line 24c is more than line 23, enter -0-.) 25 73 | -

26 Advance earned income credit payments from Form W-2. 26 -

27 Add lines 25 and 26. This is your **total tax.** ▶ 27 73 | -

28a Total Federal income tax withheld. (If any is from Form(s) 1099, check here ▶ ☐.) 28a 157

b 1990 estimated tax payments and amount applied from 1989 return. 28b

c **Earned income credit.** See page 39 to find out if you can take this credit. 28c

d Add lines 28a, 28b, and 28c. These are your **total payments.** ▶ 28d 157

Step 8

Figure your refund or amount you owe

Attach check or money order on top of Form(s) W-2, etc. on page 1.

29 If line 28d is more than line 27, subtract line 27 from line 28d. This is the amount you **overpaid.** 29 84

30 Amount of line 29 you want **refunded to you.** 30 84

31 Amount of line 29 you want **applied to your 1991 estimated tax.** 31

32 If line 27 is more than line 28d, subtract line 28d from line 27. This is the **amount you owe.** Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040A" on it. 32

33 Estimated tax penalty. (see page 43). 33

Step 9

Sign your return

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

▶ Your signature | Date | Your occupation

▶ Spouse's signature (if joint return, BOTH must sign) | Date | Spouse's occupation

Paid preparer's use only

Preparer's signature ▶ | Date | Check if self-employed ☐ | Preparer's social security no.

Firm's name (or yours if self-employed) and address ▶ | E.I. No. | ZIP code

Schedule 1
(Form 1040A)

Department of the Treasury—Internal Revenue Service

Interest and Dividend Income for Form 1040A Filers

1990

PROOF COPY

OMB No. 1545-0085

Name(s) shown on Form 1040A: Susan M. Thomas

Your social security number: 000 00 0001

Part I

Interest Income

(See pages 23 and 45.)

Complete this part and attach Schedule 1 to Form 1040A if you received over $400 in taxable interest or are claiming the exclusion of interest from Series EE U.S. savings bonds issued after 1989.

If you are claiming the exclusion or you received, as a nominee, interest that actually belongs to another person, see page 45.

Note: *If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, enter the firm's name and the total interest shown on that form.*

		Amount	
1 List name of payer	1		
National Bank		475	–
2 Add the amounts on line 1.	2	475	–
3 Enter the excludable savings bond interest, if any, from Form 8815, line 14. Attach Form 8815 to Form 1040A.	3		
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, line 8a.	4	475	–

Part II

Dividend Income

(See pages 24 and 45.)

Complete this part and attach Schedule 1 to Form 1040A if you received over $400 in dividends.

If you received, as a nominee, dividends that actually belong to another person, see page 45.

Note: *If you received a Form 1099-DIV or substitute statement from a brokerage firm, enter the firm's name and the total dividends shown on that form.*

		Amount	
5 List name of payer	5		
6 Add amounts on line 5. Enter the total here and on Form 1040A, line 9.	6		

For Paperwork Reduction Act Notice, see the Form 1040A instructions.

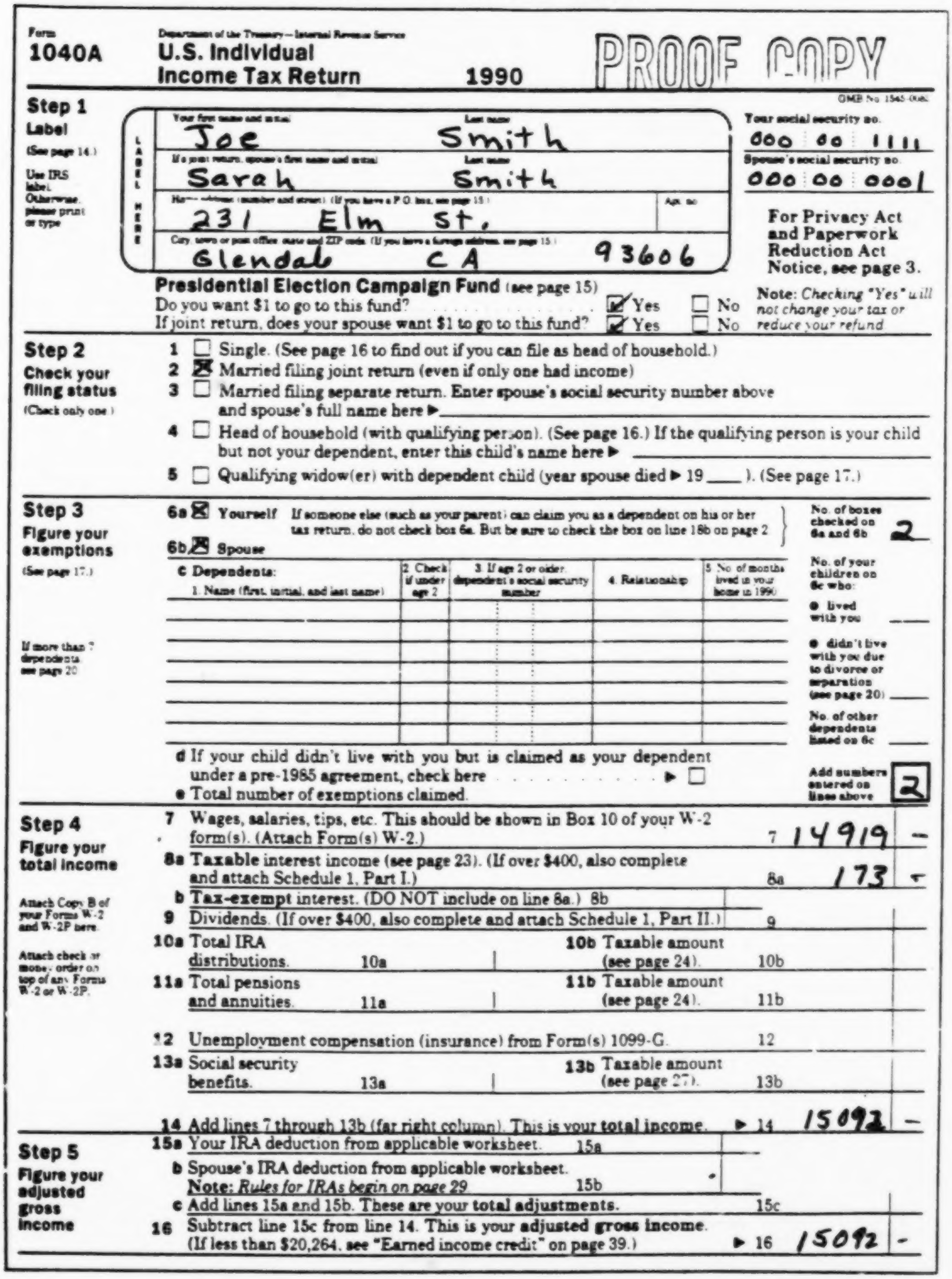
Schedule 1 (Form 1040A) 1990

Standard Deduction Worksheet for Dependents (keep for your records)
Use this worksheet ONLY if someone can claim you as a dependent.

1. Enter the amount from Form 1040A, line 7. If none, enter -0-.	3,000
2. Minimum amount.	500.00
3. Compare the amounts on lines 1 and 2. Enter the larger of the two amounts here.	3,000
4. Enter on line 4 the amount shown below for your filing status. • Single, enter $3,250 • Married filing a separate return, enter $2,725 • Married filing a joint return, or qualifying widow(er) with dependent child, enter $5,450 • Head of household, enter $4,750	3250
5. Standard deduction	
a. Compare the amounts on lines 3 and 4. Enter the **smaller** of the two amounts here. If under 65 and not blind, stop here and enter this amount on Form 1040A, line 19. Otherwise, go to line 5b.	3000
b. If 65 or older or blind, multiply $800 ($650 if married filing a joint or separate return, or qualifying widow(er) with dependent child) by the number on Form 1040A, line 18a. Enter the result.	
c. Add lines 5a and 5b. Enter the total here and on Form 1040A, line 19.	

PROOF COPY

1. Harold and Donna McNeill/ Joe and Sarah Smith



Form **1040A** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **1990**

PROOF COPY

OMB No. 1545-0085

Step 1
Label
(See page 14.)
Use IRS label. Otherwise, please print or type

LABEL HERE

Your first name and initial: Joe Last name: Smith
If a joint return, spouse's first name and initial: Sarah Last name: Smith
Home address (number and street). (If you have a P.O. box, see page 15.): 231 Elm St. Apt. no.
City, town or post office, state and ZIP code. (If you have a foreign address, see page 15.): Glendale CA 93606

Your social security no. 000 00 1111
Spouse's social security no. 000 00 0001

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Presidential Election Campaign Fund (see page 15)
Do you want $1 to go to this fund? ☑ Yes ☐ No
If joint return, does your spouse want $1 to go to this fund? ☑ Yes ☐ No
Note: *Checking "Yes" will not change your tax or reduce your refund*

Step 2
Check your filing status
(Check only one.)
1 ☐ Single. (See page 16 to find out if you can file as head of household.)
2 ☒ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security number above and spouse's full name here ▶ ______
4 ☐ Head of household (with qualifying person). (See page 16.) If the qualifying person is your child but not your dependent, enter this child's name here ▶ ______
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19____). (See page 17.)

Step 3
Figure your exemptions
(See page 17.)
6a ☒ **Yourself** If someone else (such as your parent) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 18b on page 2
6b ☒ **Spouse**
No. of boxes checked on 6a and 6b: 2

c **Dependents:**

1. Name (first, initial, and last name)	2. Check if under age 2	3. If age 2 or older, dependent's social security number	4. Relationship	5. No. of months lived in your home in 1990

If more than 7 dependents, see page 20

No. of your children on 6c who:
● lived with you ______
● didn't live with you due to divorce or separation (see page 20) ______
No. of other dependents listed on 6c ______

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed.
Add numbers entered on lines above: 2

Step 4
Figure your total income
Attach Copy B of your Forms W-2 and W-2P here.
Attach check or money order on top of any Forms W-2 or W-2P.

7 Wages, salaries, tips, etc. This should be shown in Box 10 of your W-2 form(s). (Attach Form(s) W-2.) 7 14919 —
8a **Taxable** interest income (see page 23). (If over $400, also complete and attach Schedule 1, Part I.) 8a 173 —
b **Tax-exempt** interest. (DO NOT include on line 8a.) 8b
9 Dividends. (If over $400, also complete and attach Schedule 1, Part II.) 9
10a Total IRA distributions. 10a | 10b Taxable amount (see page 24). 10b
11a Total pensions and annuities. 11a | 11b Taxable amount (see page 24). 11b
12 Unemployment compensation (insurance) from Form(s) 1099-G. 12
13a Social security benefits. 13a | 13b Taxable amount (see page 27). 13b
14 Add lines 7 through 13b (far right column). This is your **total income**. ▶ 14 15092 —

Step 5
Figure your adjusted gross income
15a Your IRA deduction from applicable worksheet. 15a
b Spouse's IRA deduction from applicable worksheet. *Note: Rules for IRAs begin on page 29.* 15b
c Add lines 15a and 15b. These are your **total adjustments**. 15c
16 Subtract line 15c from line 14. This is your **adjusted gross income**. (If less than $20,264, see "Earned income credit" on page 39.) ▶ 16 15092 —

Step 6	**17**	Enter the amount from line 16.			17	15092	-
	18a	Check if: ☐ **You were 65 or older** ☐ Blind ☐ **Spouse was 65 or older** ☐ Blind **Enter number of boxes checked** ▶ 18a ☐					
Figure your standard deduction,	**b**	If someone else (such as your parent) can claim you as a dependent, check here ▶ 18b ☐					
	c	If you are married filing separately and your spouse files Form 1040 and itemizes deductions, see page 33 and check here ▶ 18c ☐					
	19	**Enter your standard deduction. See page 34 for the chart (or worksheet) that applies to you. Be sure to enter your standard deduction here.**			19	5450	-
	20	Subtract line 19 from line 17. (If line 19 is more than line 17, enter -0-.)			20	9642	-
exemption amount, and	**21**	Multiply $2,050 by the total number of exemptions claimed on line 6e.			21	4100	-
taxable income	**22**	Subtract line 21 from line 20. (If line 21 is more than line 20, enter -0-.) This is your **taxable income**.			▶ 22	5542	-
Step 7	**23**	Find the tax on the amount on line 22. Check if from: ☒ Tax Table (pages 48–53) or ☐ Form 8615 (see page 36)			23	829	-
Figure your tax, credits, and payments	**24a**	Credit for child and dependent care expenses. Complete and attach Schedule 2.	24a	203			
	b	Credit for the elderly or the disabled. Complete and attach Schedule 3.	24b				
	c	Add lines 24a and 24b. These are your **total credits.**			24c	203	-
(If you want IRS to figure your tax, see page 35.)	**25**	Subtract line 24c from line 23. (If line 24c is more than line 23, enter -0-.)			25	626	-
	26	Advance earned income credit payments from Form W-2.			26		
	27	Add lines 25 and 26. This is your **total tax.**			▶ 27	626	-
	28a	Total Federal income tax withheld. (If any is from Form(s) 1099, check here ▶ ☐ .)	28a	973			
	b	1990 estimated tax payments and amount applied from 1989 return.	28b				
	c	**Earned income credit.** See page 39 to find out if you can take this credit.	28c				
	d	Add lines 28a, 28b, and 28c. These are your **total payments**.			▶ 28d	973	-
Step 8	**29**	If line 28d is more than line 27, subtract line 27 from line 28d. This is the amount you **overpaid.**			29	347	-
Figure your refund or amount you owe	**30**	Amount of line 29 you want **refunded to you.**			30	347	-
	31	Amount of line 29 you want **applied to your 1991 estimated tax.**	31				
Attach check or money order on top of Form(s) W-2, etc. on page 1.	**32**	If line 27 is more than line 28d, subtract line 28d from line 27. This is the **amount you owe.** Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040A" on it.			32		
	33	Estimated tax penalty. (see page 43).	33				

Step 9

Sign your return

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Keep a copy of this return for your records.

▶ Your signature	Date	Your occupation
▶ Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation

Paid preparer's use only

Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's social security no.
Firm's name (or yours if self-employed) and address ▶		E.I. No.	
		ZIP code	

Schedule 2
(Form 1040A)

Department of the Treasury—Internal Revenue Service

Child and Dependent Care Expenses for Form 1040A Filers

1990

OMB No. 1545-0085

Name(s) shown on Form 1040A: Joe and Sarah Smith

Your social security number: 000 : 00 : 1111

- If you are claiming the child and dependent care credit, complete Parts I and II below. But if you received employer-provided dependent care benefits, first complete Part III on the back.
- If you are not claiming the credit but you received employer-provided dependent care benefits, only complete Part I, below, and Part III on the back.

Part I

Persons or organizations who provided the care

You MUST complete this part. (See page 46.)

1	a. Name	b. Address (number, street, city, state, and ZIP code)	c. Identification number (SSN or EIN)	d. Amount paid (see instructions)	
	Quality care Day Care Center	1210 Oak St Glendale CA 93606	10-2345678	750	00

(If you need more space, attach schedule.)

2	Add the amounts in column d of line 1 and enter the total.	2	750	00

Note: *If you paid cash wages of $50 or more in a calendar quarter to an individual for services performed in your home, you must file an employment tax return. Get* **Form 942** *for details.*

Part II

Credit for child and dependent care expenses

3	Enter the number of qualifying persons who were cared for in 1990. You must have shared the same home with the qualifying person(s). (See page 46 for the definition of a qualifying person.)			3	1	
4	Enter the amount of **qualified** expenses you incurred and actually paid in 1990. See page 47 to find out which expenses qualify. **Caution:** *If you completed Part III, DO NOT include on this line any excluded benefits shown on line 23.*			4	750	-
5	Enter $2,400 ($4,800 if you paid for the care of two or more qualifying persons).	5	2400			
6	If you completed Part III, enter the **excluded benefits,** if any, from line 23.	6				
7	Subtract line 6 from line 5. If line 6 is equal to or more than line 5, STOP HERE; you cannot claim the credit.			7	2400	-
8	Compare the amounts on lines 4 and 7. Enter the **smaller** of the two amounts here.			8	750	-
9	You **must** enter your **earned income.** (See page 47 for the definition of earned income.)			9	14919	-
10	If you are married filing a joint return, you **must** enter your spouse's earned income. (If spouse was a full-time student or disabled, see the instructions for the amount to enter.)			10	2400	-
11	If you are married filing a joint return, compare the amounts on lines 9 and 10. Enter the **smaller** of the two amounts here.			11	2400	-
12	• If you are married filing a joint return, compare the amounts on lines 8 and 11. Enter the **smaller** of the two amounts here. • All others, compare the amounts on lines 8 and 9. Enter the **smaller** of the two amounts here.			12	750	-

13 Enter the decimal amount from the table below that applies to the amount on Form 1040A, line 17.

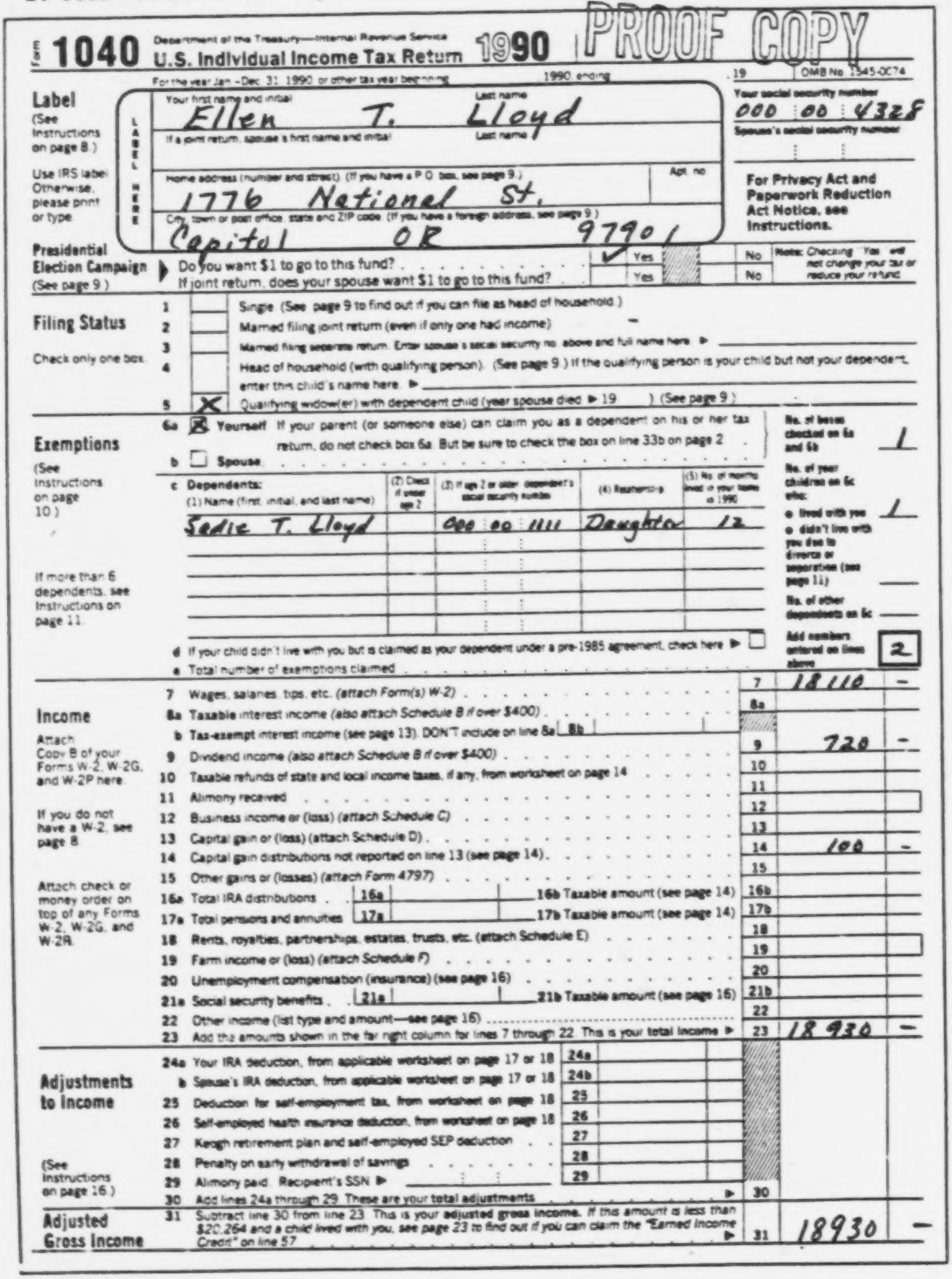
If line 17 is: Over—	But not over—	Decimal amount is:	If line 17 is: Over—	But not over—	Decimal amount is:
$0	10,000	.30	$20,000	22,000	.24
10,000	12,000	.29	22,000	24,000	.23
12,000	14,000	.28	24,000	26,000	.22
14,000	16,000	.27	26,000	28,000	.21
16,000	18,000	.26	28,000		.20
18,000	20,000	.25			

		13	× .27	
14	Multiply the amount on line 12 by the decimal amount on line 13. Enter the result here and on Form 1040A, line 24a.	14	= 203	—

For Paperwork Reduction Act Notice, see the Form 1040A instructions.

Schedule 2 (Form 1040A) 1990

2. Jodi Woods/ Ellen Lloyd



Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **1990**

PROOF COPY

For the year Jan.–Dec. 31, 1990, or other tax year beginning , 1990, ending , 19 | OMB No. 1545-0074

Label (See Instructions on page 8.)
Use IRS label. Otherwise, please print or type.
LABEL HERE

Your first name and initial: Ellen T. | Last name: Lloyd
If a joint return, spouse's first name and initial | Last name
Home address (number and street). (If you have a P.O. box, see page 9.): 1776 National St. | Apt. no.
City, town or post office, state and ZIP code. (If you have a foreign address, see page 9.): Capitol OR 97901

Your social security number: 000 00 4328
Spouse's social security number

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Presidential Election Campaign (See page 9.)
Do you want $1 to go to this fund? ✓ Yes ☐ No
If joint return, does your spouse want $1 to go to this fund? ☐ Yes ☐ No
Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status
Check only one box.
1 ☐ Single (See page 9 to find out if you can file as head of household.)
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 9.) If the qualifying person is your child but not your dependent, enter this child's name here. ▶
5 ☒ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 9.)

Exemptions
(See Instructions on page 10.)
6a ☒ **Yourself** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2.
b ☐ **Spouse**
No. of boxes checked on 6a and 6b: 1

c **Dependents:**

(1) Name (first, initial, and last name)	(2) Check if under age 2	(3) If age 2 or older, dependent's social security number	(4) Relationship	(5) No. of months lived in your home in 1990
Sadie T. Lloyd		000 00 1111	Daughter	12

If more than 6 dependents, see Instructions on page 11.

No. of your children on 6c who:
- lived with you: 1
- didn't live with you due to divorce or separation (see page 11):

No. of other dependents on 6c:

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed
Add numbers entered on lines above: 2

Income
Attach Copy B of your Forms W-2, W-2G, and W-2P here.
If you do not have a W-2, see page 8.
Attach check or money order on top of any Forms W-2, W-2G, and W-2P.

7	Wages, salaries, tips, etc. (attach Form(s) W-2)	7	18 110 –
8a	Taxable interest income (also attach Schedule B if over $400)	8a	
b	Tax-exempt interest income (see page 13). DON'T include on line 8a 8b		
9	Dividend income (also attach Schedule B if over $400)	9	720 –
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 14	10	
11	Alimony received	11	
12	Business income or (loss) (attach Schedule C)	12	
13	Capital gain or (loss) (attach Schedule D)	13	
14	Capital gain distributions not reported on line 13 (see page 14)	14	100 –
15	Other gains or (losses) (attach Form 4797)	15	
16a	Total IRA distributions 16a / 16b Taxable amount (see page 14)	16b	
17a	Total pensions and annuities 17a / 17b Taxable amount (see page 14)	17b	
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18	
19	Farm income or (loss) (attach Schedule F)	19	
20	Unemployment compensation (insurance) (see page 16)	20	
21a	Social security benefits 21a / 21b Taxable amount (see page 16)	21b	
22	Other income (list type and amount—see page 16)	22	
23	Add the amounts shown in the far right column for lines 7 through 22. This is your **total income** ▶	23	18 930 –

Adjustments to Income
(See Instructions on page 16.)

24a	Your IRA deduction, from applicable worksheet on page 17 or 18	24a	
b	Spouse's IRA deduction, from applicable worksheet on page 17 or 18	24b	
25	Deduction for self-employment tax, from worksheet on page 18	25	
26	Self-employed health insurance deduction, from worksheet on page 18	26	
27	Keogh retirement plan and self-employed SEP deduction	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid. Recipient's SSN ▶	29	
30	Add lines 24a through 29. These are your **total adjustments** ▶	30	

Adjusted Gross Income
31 Subtract line 30 from line 23. This is your **adjusted gross income.** If this amount is less than $20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57 ▶ 31 18930 –

Form 1040 (1990) **PROOF COPY** Page **2**

	32	Amount from line 31 (adjusted gross income)			32	18930 –
Tax Computation If you want IRS to figure your tax, see instructions on page 19.	33a	Check if: ☐ **You** were 65 or older ☐ Blind; ☐ **Spouse** was 65 or older ☐ Blind. Add the number of boxes checked and enter the total here ▶	33a			
	b	If your parent (or someone else) can claim you as a dependent, check here ▶	33b ☐			
	c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here ▶	33c ☐			
	34	Enter the larger of: • Your **standard deduction** (from applicable chart (or worksheet) on page 20), OR • Your **itemized deductions** (from Schedule A, line 27). If you itemize, attach Schedule A and check here ▶ ☐			34	5450 –
	35	Subtract line 34 from line 32			35	13480 –
	36	Multiply $2,050 by the total number of exemptions claimed on line 6e			36	4100 –
	37	**Taxable income.** Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)			37	9380 –
	38	Enter tax. Check if from: a ☒ Tax Table, b ☐ Tax Rate Schedules, or c ☐ Form 8615 (see page 21) (If any is from Form(s) 8814, enter that amount here ▶ ______ .)			38	1406 –
	39	Additional taxes (see page 21). Check if from: a ☐ Form 4970 b ☐ Form 4972			39	
	40	Add lines 38 and 39 ▶			40	1406
Credits (See Instructions on page 21.)	41	Credit for child and dependent care expenses *(attach Form 2441)*	41			
	42	Credit for the elderly or the disabled *(attach Schedule R)*	42			
	43	Foreign tax credit *(attach Form 1116)*	43			
	44	General business credit. Check if from: a ☐ Form 3800 or b ☐ Form (specify) ______	44			
	45	Credit for prior year minimum tax (attach Form 8801)	45			
	46	Add lines 41 through 45			46	
	47	Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-.) ▶			47	1406 –
Other Taxes	48	Self-employment tax *(attach Schedule SE)*			48	
	49	Alternative minimum tax *(attach Form 6251)*			49	
	50	Recapture taxes (see page 22). Check if from: a ☐ Form 4255 b ☐ Form 8611			50	
	51	Social security tax on tip income not reported to employer *(attach Form 4137)*			51	
	52	Tax on an IRA or a qualified retirement plan *(attach Form 5329)*			52	
	53	Advance earned income credit payments, from Form W-2			53	
	54	Add lines 47 through 53. This is your **total tax** ▶			54	1406 –
Payments Attach Forms W-2, W-2G, and W-2P to front.	55	Federal income tax withheld (If any is from Form(s) 1099, check ▶ ☐)	55	1482 –		
	56	1990 estimated tax payments and amount applied from 1989 return	56			
	57	**Earned income credit** (see page 23)	57	133 –		
	58	Amount paid with Form 4868 (extension request)	58			
	59	Excess social security tax and RRTA tax withheld (see page 24)	59			
	60	Credit for Federal tax on fuels *(attach Form 4136)*	60			
	61	Regulated investment company credit *(attach Form 2439)*	61			
	62	Add lines 55 through 61. These are your **total payments** ▶			62	1615 –
Refund or Amount You Owe	63	If line 62 is more than line 54, enter amount **OVERPAID** ▶			63	209
	64	Amount of line 63 to be **REFUNDED TO YOU** ▶			64	209
	65	Amount of line 63 to be **APPLIED TO YOUR 1991 ESTIMATED TAX** ▶	65			
	66	If line 54 is more than line 62, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040" on it			66	
	67	Estimated tax penalty (see page 25)	67			

Sign Here

(Keep a copy of this return for your records.)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Your signature	Date	Your occupation
▶ Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's social security no.
Firm's name (or yours if self-employed) and address ▶		E.I. No.	
		ZIP code	

Schedules A&B (Form 1040) 1990 OMB No. 1545-0074 **Page 2**

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.) Ellen T. Lloyd

Your social security number 000 : 00 : 4328

Schedule B—Interest and Dividend Income

Attachment Sequence No. **08**

Part I Interest Income

(See Instructions on pages 13 and 30.)

If you received more than $400 in taxable interest income, or you are claiming the exclusion of interest from series EE U.S. savings bonds issued after 1989 (see page 30), you must complete Part I. List ALL interest received in Part I. If you received more than $400 in taxable interest income, you must also complete Part III. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page 31.

Interest Income

			Amount
1	Interest income. (List name of payer—if any interest income is from seller-financed mortgages, see Instructions and list this interest first.) ▶	1	
2	Add the amounts on line 1. Enter the total	2	
3	Enter the excludable savings bond interest, if any, from Form 8815, line 14. Attach Form 8815 to Form 1040	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

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Part II Dividend Income

(See Instructions on pages 13 and 31.)

If you received more than $400 in gross dividends and/or other distributions on stock, you must complete Parts II and III. If you received, as a nominee, dividends that actually belong to another person, see page 31.

Dividend Income

			Amount
5	Dividend income. (List name of payer—include on this line capital gain distributions, nontaxable distributions, etc.) ▶		
	ABC Corp	5	820 00
6	Add the amounts on line 5. Enter the total	6	
7	Capital gain distributions. Enter here and on Schedule* . . . 7 100		
8	Nontaxable distributions. (See the Instructions for Form 1040, line 9.) 8		
9	Add the amounts on lines 7 and 8. Enter the total	9	100
10	Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶	10	720

Note: If you received a Form 1099-DIV, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

**If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the Instructions for Form 1040, lines 13 and 14.*

Part III Foreign Accounts and Foreign Trusts

(See Instructions on page 31.)

If you received more than $400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.

		Yes	No
11a	At any time during 1990, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 31 of the Instructions for exceptions and filing requirements for Form TD F 90-22.1.)		✓
b	If "Yes," enter the name of the foreign country ▶		
12	Were you the grantor of, or transferor to, a foreign trust that existed during 1990, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926		✓

For Paperwork Reduction Act Notice, see Form 1040 Instructions. **Schedule B (Form 1040) 1990**

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Earned Income Credit Worksheet (Keep for your records)

If your filing status is single or married filing separately, you may not take the credit. Do not complete this worksheet.

1. Enter the amount from Form 1040, line 7. Include scholarship or fellowship income only if you received a W-2 form for it 1. 18110

2. If you received earned income that is not taxable, enter the total amount of that income here. Also enter "NEI" on the dotted line next to line 57 on Form 1040. Do this even if you cannot take the credit . . . . . 2. -0

3. Add lines 1 and 2. Enter the total 3. 18 110

4. If you were self-employed, subtract any deduction you claimed on Form 1040, line 25, from the amount on Schedule SE, Section A, line 3, or Section B, line 3. Enter the result here, even if a loss. But, if you use the optional method to figure self-employment tax, **see Pub 596** for more information before entering an amount on line 4 . . . . 4. -0-

Note: *If you were a statutory employee and you reported your income and expenses on Schedule C, include on line 4 the amount from Schedule C, page 29.*

5. **Earned income.** Add lines 3 and 4. But if line 4 is a loss, subtract line 4 from line 3 . . . . 5. 18 110

- If this amount is zero or less, or $20,264 or more, stop here; you may not take the credit. Otherwise, go to line 6.

6. **Adjusted gross income.** Enter the amount from Form 1040, line 32. 6. 18930

- If this amount is $20,264 or more, stop here; you may not take the credit. Otherwise, go to line 7 or 8, whichever applies.

7. If line 6 is **less than $10,750**, use the amount on line 5 to find the credit in the table that begins on page 58. Enter the credit here and on Form 1040, line 57 . . . . 7. ________

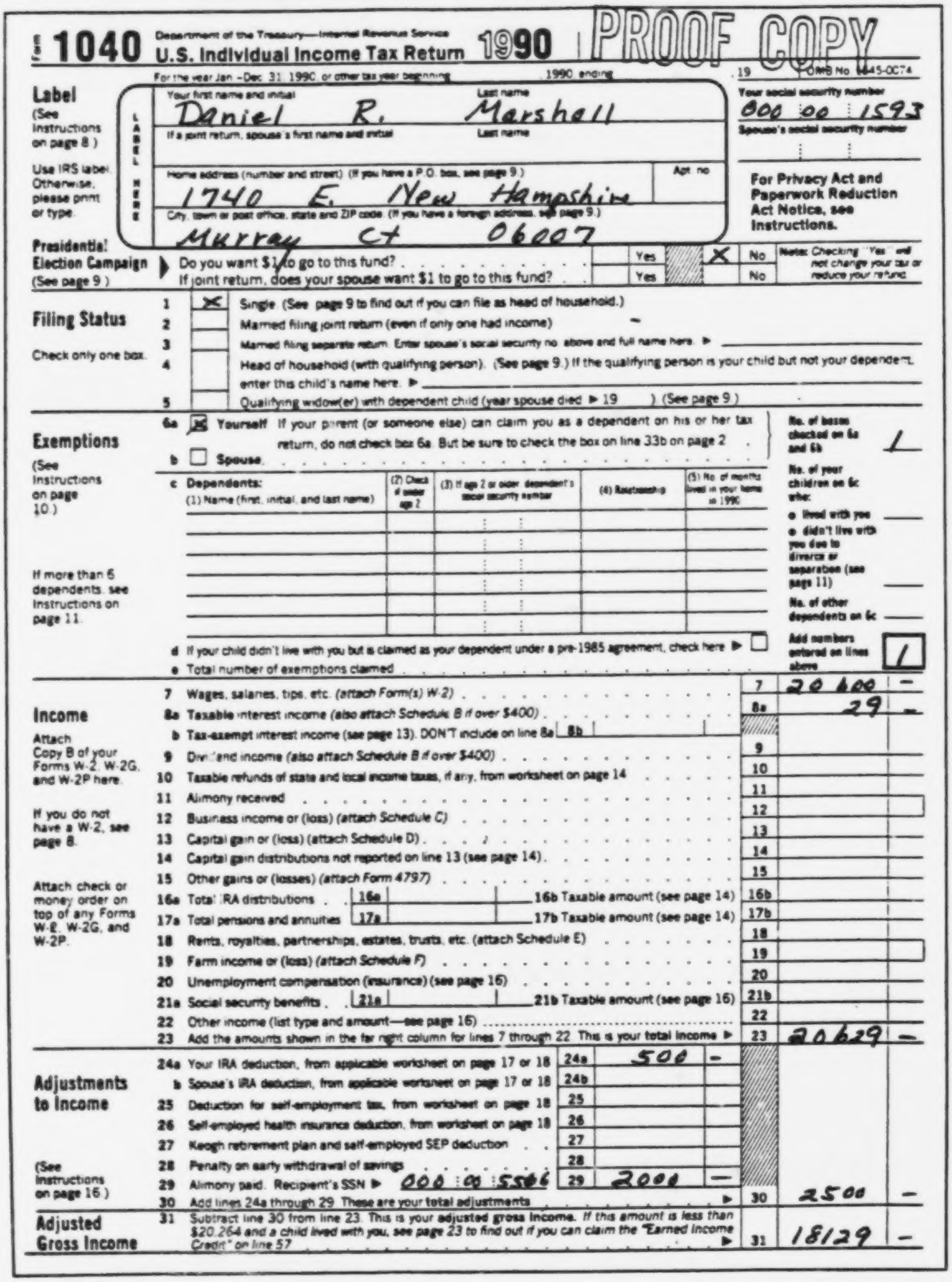
8. If line 6 is **at least: $10,750**

a. First, use the amount on line 5 to find the credit in the table that begins on page 58. Enter that amount here 8a 215

b. Then, use the amount on line 6 to find the credit in the table. Enter that amount here 8b 133

c. Compare the amounts on lines **8a** and **8b** above. Enter the **smaller** of the two amounts here. Also enter this amount on Form 1040, line 57. 8c. 133

3. Spencer Lewis/ Daniel Marshall



Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **1990** PROOF COPY

For the year Jan.–Dec. 31, 1990, or other tax year beginning , 1990, ending , 19 OMB No. 1545-0074

Label (See instructions on page 8.) Use IRS label. Otherwise, please print or type. LABEL HERE

Your first name and initial: Daniel R. Last name: Marshall
Your social security number: 000 00 1593
If a joint return, spouse's first name and initial Last name
Spouse's social security number
Home address (number and street) (If you have a P.O. box, see page 9.): 1740 E. New Hampshire Apt. no.
City, town or post office, state and ZIP code. (If you have a foreign address, see page 9.): Murray Ct 06007

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Presidential Election Campaign (See page 9.)
Do you want $1 to go to this fund? ☐ Yes ☒ No
If joint return, does your spouse want $1 to go to this fund? ☐ Yes ☐ No
Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status Check only one box.
1 ☒ Single. (See page 9 to find out if you can file as head of household.)
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 9.) If the qualifying person is your child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 9.)

Exemptions (See Instructions on page 10.)
6a ☒ **Yourself** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2.
b ☐ **Spouse**
No. of boxes checked on 6a and 6b: 1

c **Dependents:**

(1) Name (first, initial, and last name)	(2) Check if under age 2	(3) If age 2 or older, dependent's social security number	(4) Relationship	(5) No. of months lived in your home in 1990

If more than 6 dependents, see Instructions on page 11.

No. of your children on 6c who:
- lived with you
- didn't live with you due to divorce or separation (see page 11)

No. of other dependents on 6c

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed
Add numbers entered on lines above: 1

Income Attach Copy B of your Forms W-2, W-2G, and W-2P here. If you do not have a W-2, see page 8. Attach check or money order on top of any Forms W-2, W-2G, and W-2P.

7	Wages, salaries, tips, etc. (attach Form(s) W-2)	7	20 600 –
8a	Taxable interest income (also attach Schedule B if over $400)	8a	29 –
b	Tax-exempt interest income (see page 13). DON'T include on line 8a 8b		
9	Dividend income (also attach Schedule B if over $400)	9	
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 14	10	
11	Alimony received	11	
12	Business income or (loss) (attach Schedule C)	12	
13	Capital gain or (loss) (attach Schedule D)	13	
14	Capital gain distributions not reported on line 13 (see page 14)	14	
15	Other gains or (losses) (attach Form 4797)	15	
16a	Total IRA distributions 16a; 16b Taxable amount (see page 14)	16b	
17a	Total pensions and annuities 17a; 17b Taxable amount (see page 14)	17b	
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18	
19	Farm income or (loss) (attach Schedule F)	19	
20	Unemployment compensation (insurance) (see page 16)	20	
21a	Social security benefits 21a; 21b Taxable amount (see page 16)	21b	
22	Other income (list type and amount—see page 16)	22	
23	Add the amounts shown in the far right column for lines 7 through 22. This is your **total income** ▶	23	20629 –

Adjustments to Income (See Instructions on page 16.)

24a	Your IRA deduction, from applicable worksheet on page 17 or 18	24a	500 –
b	Spouse's IRA deduction, from applicable worksheet on page 17 or 18	24b	
25	Deduction for self-employment tax, from worksheet on page 18	25	
26	Self-employed health insurance deduction, from worksheet on page 18	26	
27	Keogh retirement plan and self-employed SEP deduction	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid. Recipient's SSN ▶ 000 00 5506	29	2000 –
30	Add lines 24a through 29. These are your **total adjustments** ▶	30	2500 –

Adjusted Gross Income
31 Subtract line 30 from line 23. This is your **adjusted gross income.** *If this amount is less than $20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57* ▶ 31 18129 –

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Tax Computation

If you want IRS to figure your tax, see instructions on page 19.

No.	Item			Line	Amount	
32	Amount from line 31 (adjusted gross income)			32	18129	–
33a	Check if: ☐ You were 65 or older ☒ Blind; ☐ Spouse was 65 or older ☐ Blind Add the number of boxes checked and enter the total here. ▶	33a	1			
b	If your parent (or someone else) can claim you as a dependent, check here ▶	33b	☐			
c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here ▶	33c	☐			
34	Enter the larger of: • Your **standard deduction** (from applicable chart (or worksheet) on page 20), OR • Your **itemized deductions** (from Schedule A, line 27). If you itemize, attach Schedule A and check here. ▶ ☒			34	7391	–
35	Subtract line 34 from line 32			35	10 738	–
36	Multiply $2,050 by the total number of exemptions claimed on line 6e			36	2050	–
37	**Taxable income.** Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)			37	8 688	
38	Enter tax. Check if from: a ☑ Tax Table, b ☐ Tax Rate Schedules, or c ☐ Form 8615 (see page 21) (If any is from Form(s) 8814, enter that amount here ▶ ______)			38	1301	–
39	Additional taxes (see page 21). Check if from: a ☐ Form 4970 b ☐ Form 4972			39		
40	Add lines 38 and 39 ▶			40	1301	–

Credits

(See instructions on page 21.)

No.	Item			Line	Amount	
41	Credit for child and dependent care expenses *(attach Form 2441)*	41				
42	Credit for the elderly or the disabled *(attach Schedule R)*	42				
43	Foreign tax credit *(attach Form 1116)*	43				
44	General business credit. Check if from: a ☐ Form 3800 or b ☐ Form (specify) ______	44				
45	Credit for prior year minimum tax (attach Form 8801)	45				
46	Add lines 41 through 45			46		
47	Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-.) ▶			47	1301	–

Other Taxes

No.	Item	Line	Amount	
48	Self-employment tax *(attach Schedule SE)*	48		
49	Alternative minimum tax *(attach Form 6251)*	49		
50	Recapture taxes (see page 22). Check if from: a ☐ Form 4255 b ☐ Form 8611	50		
51	Social security tax on tip income not reported to employer *(attach Form 4137)*	51		
52	Tax on an IRA or a qualified retirement plan *(attach Form 5329)*	52		
53	Advance earned income credit payments, from Form W-2	53		
54	Add lines 47 through 53. This is your **total tax** ▶	54	1301	–

Payments

Attach Forms W-2, W-2G, and W-2P to front.

No.	Item				Line	Amount	
55	Federal income tax withheld **(If any is from Form(s) 1099, check ▶ ☐)**	55	2752	–			
56	1990 estimated tax payments and amount applied from 1989 return	56					
57	**Earned income credit** (see page 23)	57					
58	Amount paid with Form 4868 (extension request)	58					
59	Excess social security tax and RRTA tax withheld (see page 24)	59					
60	Credit for Federal tax on fuels *(attach Form 4136)*	60					
61	Regulated investment company credit *(attach Form 2439)*	61					
62	Add lines 55 through 61. These are your **total payments** ▶				62	2752	–

Refund or Amount You Owe

No.	Item			Line	Amount
63	If line 62 is more than line 54, enter amount **OVERPAID** ▶			63	1451
64	Amount of line 63 to be **REFUNDED TO YOU** ▶			64	1451
65	Amount of line 63 to be **APPLIED TO YOUR 1991 ESTIMATED TAX** ▶	65			
66	If line 54 is more than line 62, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040" on it			66	
67	Estimated tax penalty (see page 25)	67			

Sign Here

(Keep a copy of this return for your records.)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Your signature	Date	Your occupation
▶ Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's social security no.
Firm's name (or yours if self-employed) and address ▶		E.I. No.	
		ZIP code	

SCHEDULES A&B
(Form 1040)
Department of the Treasury
Internal Revenue Service

Schedule A—Itemized Deductions

(Schedule B is on back)

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▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A and B (Form 1040).**

OMB No 1545-0074
1990
Attachment Sequence No **07**

Name(s) shown on Form 1040: Daniel R. Marshall

Your social security number: 000 00 1593

Medical and Dental Expenses		**Caution:** *Do not include expenses reimbursed or paid by others.*						
	1	Medical and dental expenses. (See page 27 of the Instructions.)	1	1180	-			
	2	Enter amount from Form 1040, line 32. 2 | 18129 | —						
	3	Multiply the amount on line 2 by 7.5% (.075). Enter the result	3	1360	—			
	4	Subtract line 3 from line 1. Enter the result. If less than zero, enter -0- ▶				4	-0	-
Taxes You Paid (See Instructions on page 27.)	5	State and local income taxes	5	814				
	6	Real estate taxes	6	382				
	7	Other taxes. (List—include personal property taxes.) ▶	7					
	8	Add the amounts on lines 5 through 7. Enter the total ▶				8	1196	—
Interest You Paid (See Instructions on page 27.)	9a	Deductible home mortgage interest paid to financial institutions and reported to you on Form 1098. Report deductible points on line 10	9a	5999	—			
	b	Other deductible home mortgage interest. (If paid to an individual, show that person's name and address.) ▶	9b					
	10	Deductible points. (See Instructions for special rules.)	10					
	11	Deductible investment interest (attach Form 4952 if required). (See page 28.)	11					
	12a	Personal interest you paid (See page 28.) 12a | 200 | -						
	b	Multiply the amount on line 12a by 10% (.10). Enter the result	12b	20	-			
	13	Add the amounts on lines 9a through 11, and 12b. Enter the total ▶				13	6019	—
Gifts to Charity (See instructions on page 29.)		**Caution:** *If you made a charitable contribution and received a benefit in return, see page 29 of the Instructions.*						
	14	Contributions by cash or check	14	176	—			
	15	Other than cash or check. (You MUST attach Form 8283 if over $500.)	15					
	16	Carryover from prior year	16					
	17	Add the amounts on lines 14 through 16. Enter the total ▶				17	176	—
Casualty and Theft Losses	18	Casualty or theft loss(es) (attach Form 4684). (See page 29 of the Instructions.) ▶				18		
Moving Expenses	19	Moving expenses (attach Form 3903 or 3903F). (See page 30 of the Instructions.) ▶				19		
Job Expenses and Most Other Miscellaneous Deductions (See instructions on page 30 for expenses to deduct here.)	20	Unreimbursed employee expenses—job travel, union dues, job education, etc. (You MUST attach Form 2106 in some cases. See Instructions.) ▶ Union Dues	20	100	—			
	21	Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount ▶ Tax Prep Fee $50	21	50	-			
	22	Add the amounts on lines 20 and 21. Enter the total	22	150	—			
	23	Enter amount from Form 1040, line 32. 23 | 18 129 | —						
	24	Multiply the amount on line 23 by 2% (.02). Enter the result	24	363	[illegible]			
	25	Subtract line 24 from line 22. Enter the result. If less than zero, enter -0-				25	0	
Other Miscellaneous Deductions	26	Other (from list on page 30 of Instructions). List type and amount ▶				26		
Total Itemized Deductions	27	Add the amounts on lines 4, 8, 13, 17, 18, 19, 25, and 26. Enter the total here. Then enter on Form 1040, line 34, the LARGER of this total or your standard deduction from page 20 of the Instructions ▶				27	7391	—

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 1990

4. Jane Durham/ Sarah Bench

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **1990** PROOF COPY

For the year Jan.-Dec. 31, 1990, or other tax year beginning , 1990, ending , 19 . OMB No. 1545-0074

Label (See Instructions on page 8.)
Use IRS label. Otherwise, please print or type.
LABEL HERE

Your first name and initial: Sarah A.
Last name: Bench
Your social security number: 000 00 4095
If a joint return, spouse's first name and initial:
Last name:
Spouse's social security number:
Home address (number and street). (If you have a P.O. box, see page 9.): 1234 Oak St.
Apt. no.
City, town or post office, state and ZIP code. (If you have a foreign address, see page 9.): Bismarck ND 58501

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Presidential Election Campaign (See page 9.)
Do you want $1 to go to this fund? ☐ Yes ☒ No
If joint return, does your spouse want $1 to go to this fund? ☐ Yes ☐ No
Note: *Checking "Yes" will not change your tax or reduce your refund.*

Filing Status
Check only one box.
1 ☐ Single (See page 9 to find out if you can file as head of household.)
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶
4 ☒ Head of household (with qualifying person). (See page 9.) If the qualifying person is your child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 9.)

Exemptions
(See Instructions on page 10.)
6a ☒ **Yourself** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2.
b ☐ **Spouse**
No. of boxes checked on 6a and 6b: 1

c **Dependents:**

(1) Name (first, initial, and last name)	(2) Check if under age 2	(3) If age 2 or older, dependent's social security number	(4) Relationship	(5) No. of months lived in your home in 1990
Adam P. Bench		000 00 9983	son	12

If more than 6 dependents, see Instructions on page 11.

No. of your children on 6c who:
- lived with you: 1
- didn't live with you due to divorce or separation (see page 11):

No. of other dependents on 6c:

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed
Add numbers entered on lines above: 2

Income
Attach Copy B of your Forms W-2, W-2G, and W-2P here.
If you do not have a W-2, see page 8.
Attach check or money order on top of any Forms W-2, W-2G, and W-2P.

7	Wages, salaries, tips, etc. *(attach Form(s) W-2)*	7	32876 —
8a	**Taxable** interest income *(also attach Schedule B if over $400)*	8a	163 —
b	**Tax-exempt** interest income (see page 13). DON'T include on line 8a | 8b |		
9	Dividend income *(also attach Schedule B if over $400)*	9	
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 14	10	
11	Alimony received	11	
12	Business income or (loss) *(attach Schedule C)*	12	
13	Capital gain or (loss) (attach Schedule D)	13	
14	Capital gain distributions not reported on line 13 (see page 14)	14	
15	Other gains or (losses) *(attach Form 4797)*	15	
16a	Total IRA distributions | 16a | 16b Taxable amount (see page 14)	16b	
17a	Total pensions and annuities | 17a | 17b Taxable amount (see page 14)	17b	
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18	
19	Farm income or (loss) *(attach Schedule F)*	19	
20	Unemployment compensation (insurance) (see page 16)	20	
21a	Social security benefits | 21a | 21b Taxable amount (see page 16)	21b	
22	Other income (list type and amount—see page 16)	22	
23	Add the amounts shown in the far right column for lines 7 through 22. This is your **total income** ▶	23	33,039 —

Adjustments to Income
(See Instructions on page 16.)

24a	Your IRA deduction, from applicable worksheet on page 17 or 18	24a			
b	Spouse's IRA deduction, from applicable worksheet on page 17 or 18	24b			
25	Deduction for self-employment tax, from worksheet on page 18	25			
26	Self-employed health insurance deduction, from worksheet on page 18	26			
27	Keogh retirement plan and self-employed SEP deduction	27			
28	Penalty on early withdrawal of savings	28			
29	Alimony paid. Recipient's SSN ▶	29			
30	Add lines 24a through 29. These are your **total adjustments** ▶			30	—

Adjusted Gross Income

31 Subtract line 30 from line 23. This is your **adjusted gross income.** *If this amount is less than $20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57* ▶ 31 33,039 —

Tax Computation If you want IRS to figure your tax, see Instructions on page 19.	32	Amount from line 31 (adjusted gross income)		32	33,039 –
	33a	Check if: ☐ You were 65 or older ☐ Blind; ☐ Spouse was 65 or older ☐ Blind. Add the number of boxes checked and enter the total here ▶ 33a ☐			
	b	If your parent (or someone else) can claim you as a dependent, check here ▶ 33b ☐			
	c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here ▶ 33c ☐			
	34	Enter the larger of: • Your standard deduction (from applicable chart (or worksheet) on page 20), OR • Your itemized deductions (from Schedule A, line 27). If you itemize, attach Schedule A and check here ▶ ☑		34	4529 –
	35	Subtract line 34 from line 32		35	28510
	36	Multiply $2,050 by the total number of exemptions claimed on line 6e		36	4100
	37	**Taxable income.** Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)		37	24410
	38	Enter tax. Check if from: a ☒ Tax Table, b ☐ Tax Rate Schedules, or c ☐ Form 8615 (see page 21) (If any is from Form(s) 8814, enter that amount here ▶ ____ .)		38	3664
	39	Additional taxes (see page 21). Check if from: a ☐ Form 4970 b ☐ Form 4972		39	
	40	Add lines 38 and 39 ▶		40	3664
Credits (See instructions on page 21.)	41	Credit for child and dependent care expenses *(attach Form 2441)*	41		
	42	Credit for the elderly or the disabled *(attach Schedule R)*	42		
	43	Foreign tax credit *(attach Form 1116)*	43		
	44	General business credit. Check if from: a ☐ Form 3800 or b ☐ Form (specify) ______	44		
	45	Credit for prior year minimum tax (attach Form 8801)	45		
	46	Add lines 41 through 45		46	–
	47	Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-.) ▶		47	3664
Other Taxes	48	Self-employment tax *(attach Schedule SE)*		48	
	49	Alternative minimum tax *(attach Form 6251)*		49	
	50	Recapture taxes (see page 22). Check if from: a ☐ Form 4255 b ☐ Form 8611		50	
	51	Social security tax on tip income not reported to employer *(attach Form 4137)*		51	
	52	Tax on an IRA or a qualified retirement plan *(attach Form 5329)*		52	
	53	Advance earned income credit payments, from Form W-2		53	
	54	Add lines 47 through 53. This is your **total tax** ▶		54	3664
Payments Attach Forms W-2, W-2G, and W-2P to front.	55	Federal income tax withheld (If any is from Form(s) 1099, check ▶ ☐)	55	3972	
	56	1990 estimated tax payments and amount applied from 1989 return	56		
	57	**Earned income credit** (see page 23).	57		
	58	Amount paid with Form 4868 (extension request)	58		
	59	Excess social security tax and RRTA tax withheld (see page 24)	59		
	60	Credit for Federal tax on fuels *(attach Form 4136)*	60		
	61	Regulated investment company credit *(attach Form 2439)*	61		
	62	Add lines 55 through 61. These are your **total payments** ▶		62	3972
Refund or Amount You Owe	63	If line 62 is more than line 54, enter amount **OVERPAID** ▶		63	308
	64	Amount of line 63 to be **REFUNDED TO YOU** ▶		64	308
	65	Amount of line 63 to be **APPLIED TO YOUR 1991 ESTIMATED TAX** ▶	65		
	66	If line 54 is more than line 62, enter **AMOUNT YOU OWE**. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040" on it		66	
	67	Estimated tax penalty (see page 25)	67		

Sign Here

(Keep a copy of this return for your records.)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation
Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's social security no.
Firm's name (or yours if self-employed) and address		E.I. No.	
		ZIP code	

SCHEDULES A&B
(Form 1040)
Department of the Treasury
Internal Revenue Service

Schedule A—Itemized Deductions

(Schedule B is on back)

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▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A and B (Form 1040).**

OMB No. 1545-0074
1990
Attachment Sequence No. 07

Name(s) shown on Form 1040: Sarah A. Bench

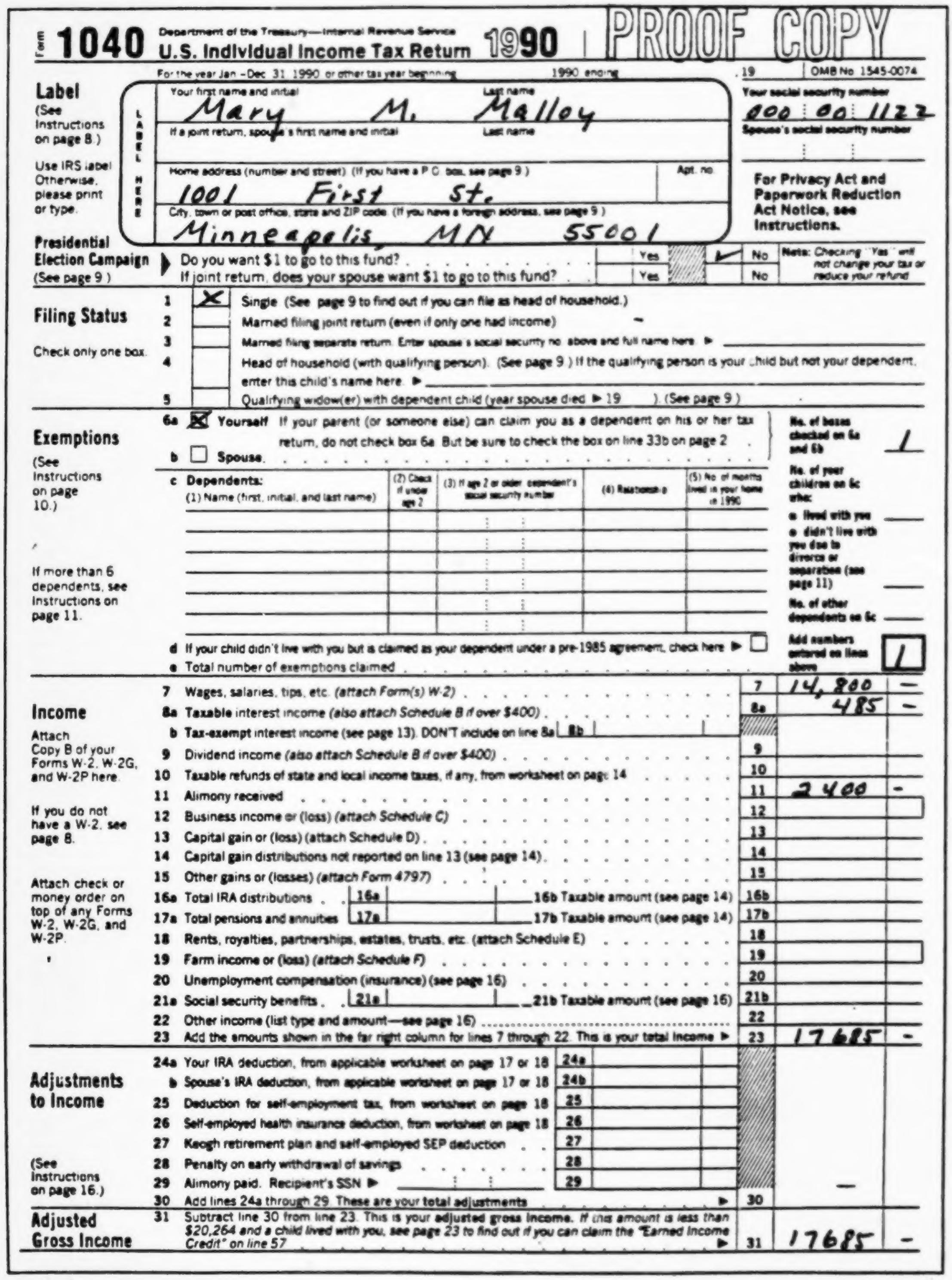
Your social security number: 000 00 4095

Medical and Dental Expenses		**Caution:** *Do not include expenses reimbursed or paid by others.*						
	1	Medical and dental expenses. (See page 27 of the Instructions.)	1	360	-			
	2	Enter amount from Form 1040, line 32.	2	33,039	-			
	3	Multiply the amount on line 2 by 7.5% (.075). Enter the result	3	2478	-			
	4	Subtract line 3 from line 1. Enter the result. If less than zero, enter -0-. ▶				4	—	
Taxes You Paid	5	State and local income taxes	5	135	-			
	6	Real estate taxes	6	1140	-			
(See Instructions on page 27.)	7	Other taxes. (List—include personal property taxes.) ▶	7					
	8	Add the amounts on lines 5 through 7. Enter the total ▶				8	1275	00
Interest You Paid	9a	Deductible home mortgage interest paid to financial institutions and reported to you on Form 1098. Report deductible points on line 10	9a	2890	-			
	b	Other deductible home mortgage interest. (If paid to an individual, show that person's name and address.) ▶	9b					
(See Instructions on page 27.)	10	Deductible points. (See Instructions for special rules.)	10					
	11	Deductible investment interest (attach Form 4952 if required). (See page 28.)	11					
	12a	Personal interest you paid (See page 28.)	12a	358	-			
	b	Multiply the amount on line 12a by 10% (.10). Enter the result	12b	35	80			
	13	Add the amounts on lines 9a through 11, and 12b. Enter the total ▶				13	2925	80
Gifts to Charity		**Caution:** *If you made a charitable contribution and received a benefit in return, see page 29 of the Instructions.*						
(See instructions on page 29.)	14	Contributions by cash or check	14	300	-			
	15	Other than cash or check. (You **MUST** attach Form 8283 if over $500.)	15	28	-			
	16	Carryover from prior year	16					
	17	Add the amounts on lines 14 through 16. Enter the total ▶				17	328	00
Casualty and Theft Losses	18	Casualty or theft loss(es) (attach Form 4684). (See page 29 of the Instructions.) ▶				18		
Moving Expenses	19	Moving expenses (attach Form 3903 or 3903F). (See page 30 of the Instructions.) ▶				19		
Job Expenses and Most Other Miscellaneous Deductions	20	Unreimbursed employee expenses—job travel, union dues, job education, etc. (You MUST attach Form 2106 in some cases. See Instructions.) ▶	20					
	21	Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount ▶	21					
(See Instructions on page 30 for expenses to deduct here.)	22	Add the amounts on lines 20 and 21. Enter the total	22					
	23	Enter amount from Form 1040, line 32.	23					
	24	Multiply the amount on line 23 by 2% (.02). Enter the result.	24					
	25	Subtract line 24 from line 22. Enter the result. If less than zero, enter -0-				25		
Other Miscellaneous Deductions	26	Other (from list on page 30 of Instructions). List type and amount ▶				26		
Total Itemized Deductions	27	Add the amounts on lines 4, 8, 13, 17, 18, 19, 25, and 26. Enter the total here. Then enter on Form 1040, line 34, the **LARGER** of this total or your standard deduction from page 20 of the Instructions ▶				27	4528	80

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 1990

5. Samuel Davis/ Mary Malloy



Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **1990** PROOF COPY

For the year Jan.–Dec. 31, 1990, or other tax year beginning , 1990, ending , 19 OMB No. 1545-0074

Label (See Instructions on page 8.)
Use IRS label. Otherwise, please print or type.
LABEL HERE

Your first name and initial: Mary M. Last name: Malloy
Your social security number: 000 00 1122
If a joint return, spouse's first name and initial Last name
Spouse's social security number
Home address (number and street). (If you have a P.O. box, see page 9.) Apt. no.
1001 First St.
City, town or post office, state and ZIP code. (If you have a foreign address, see page 9.)
Minneapolis, MN 55001

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Presidential Election Campaign (See page 9.)
Do you want $1 to go to this fund? ☐ Yes ☑ No
If joint return, does your spouse want $1 to go to this fund? ☐ Yes ☐ No
Note: *Checking "Yes" will not change your tax or reduce your refund.*

Filing Status
Check only one box.
1 ☒ Single (See page 9 to find out if you can file as head of household.)
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 9.) If the qualifying person is your child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 9.)

Exemptions
(See Instructions on page 10.)
6a ☒ **Yourself** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2.
b ☐ **Spouse**
No. of boxes checked on 6a and 6b: 1

c **Dependents:**

(1) Name (first, initial, and last name)	(2) Check if under age 2	(3) If age 2 or older, dependent's social security number	(4) Relationship	(5) No. of months lived in your home in 1990

If more than 6 dependents, see Instructions on page 11.

No. of your children on 6c who:
- lived with you
- didn't live with you due to divorce or separation (see page 11)

No. of other dependents on 6c

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed
Add numbers entered on lines above: 1

Income
Attach Copy B of your Forms W-2, W-2G, and W-2P here.
If you do not have a W-2, see page 8.
Attach check or money order on top of any Forms W-2, W-2G, and W-2P.

7	Wages, salaries, tips, etc. *(attach Form(s) W-2)*	7	14,800	—
8a	**Taxable** interest income *(also attach Schedule B if over $400)*	8a	485	—
b	**Tax-exempt** interest income (see page 13). DON'T include on line 8a 8b			
9	Dividend income *(also attach Schedule B if over $400)*	9		
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 14	10		
11	Alimony received	11	2400	-
12	Business income or (loss) *(attach Schedule C)*	12		
13	Capital gain or (loss) (attach Schedule D)	13		
14	Capital gain distributions not reported on line 13 (see page 14)	14		
15	Other gains or (losses) *(attach Form 4797)*	15		
16a	Total IRA distributions 16a 16b Taxable amount (see page 14)	16b		
17a	Total pensions and annuities 17a 17b Taxable amount (see page 14)	17b		
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18		
19	Farm income or (loss) *(attach Schedule F)*	19		
20	Unemployment compensation (insurance) (see page 16)	20		
21a	Social security benefits 21a 21b Taxable amount (see page 16)	21b		
22	Other income (list type and amount—see page 16)	22		
23	Add the amounts shown in the far right column for lines 7 through 22. This is your **total income** ▶	23	17685	-

Adjustments to Income
(See Instructions on page 16.)

24a	Your IRA deduction, from applicable worksheet on page 17 or 18	24a	
b	Spouse's IRA deduction, from applicable worksheet on page 17 or 18	24b	
25	Deduction for self-employment tax, from worksheet on page 18	25	
26	Self-employed health insurance deduction, from worksheet on page 18	26	
27	Keogh retirement plan and self-employed SEP deduction	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid. Recipient's SSN ▶	29	

30	Add lines 24a through 29. These are your **total adjustments** ▶	30	—	

Adjusted Gross Income

31	Subtract line 30 from line 23. This is your **adjusted gross income.** *If this amount is less than $20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57* ▶	31	17685	-

Form 1040 (1990) Page 2

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Tax Computation	32	Amount from line 31 (adjusted gross income)			32	17685
If you want IRS to figure your tax, see instructions on page 19.	33a	Check if: ☐ **You** were 65 or older ☐ Blind; ☐ **Spouse** was 65 or older ☐ Blind. Add the number of boxes checked and enter the total here. ▶	33a	☐		
	b	If your parent (or someone else) can claim you as a dependent, check here ▶	33b	☐		
	c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here ▶	33c	☐		
	34	Enter the **larger** of: • Your **standard deduction** (from applicable chart (or worksheet) on page 20), **OR** • Your **itemized deductions** (from Schedule A, line 27). If you itemize, attach Schedule A and check here. ▶ ☐			34	3250
	35	Subtract line 34 from line 32			35	14,435
	36	Multiply $2,050 by the total number of exemptions claimed on line 6e			36	2050
	37	**Taxable income.** Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)			37	12,385
	38	Enter tax. Check if from: a ☒ Tax Table, b ☐ Tax Rate Schedules, or c ☐ Form 8615 (see page 21) (If any is from Form(s) 8814, enter that amount here ▶ ______ .)			38	1856
	39	Additional taxes (see page 21). Check if from: a ☐ Form 4970 b ☐ Form 4972			39	
	40	Add lines 38 and 39 ▶			40	1856
Credits	41	Credit for child and dependent care expenses *(attach Form 2441)*	41			
(See instructions on page 21.)	42	Credit for the elderly or the disabled *(attach Schedule R)*	42			
	43	Foreign tax credit *(attach Form 1116)*	43			
	44	General business credit. Check if from: a ☐ Form 3800 or b ☐ Form (specify) ______	44			
	45	Credit for prior year minimum tax (attach Form 8801)	45			
	46	Add lines 41 through 45			46	
	47	Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-.) ▶			47	1856
Other Taxes	48	Self-employment tax *(attach Schedule SE)*			48	
	49	Alternative minimum tax *(attach Form 6251)*			49	
	50	Recapture taxes (see page 22). Check if from: a ☐ Form 4255 b ☐ Form 8611			50	
	51	Social security tax on tip income not reported to employer *(attach Form 4137)*			51	
	52	Tax on an IRA or a qualified retirement plan *(attach Form 5329)*			52	
	53	Advance earned income credit payments, from Form W-2			53	
	54	Add lines 47 through 53. This is your **total tax** ▶			54	1856
Payments	55	**Federal income tax withheld (If any is from Form(s) 1099, check ▶ ☐)**	55	2418		
Attach Forms W-2, W-2G, and W-2P to front.	56	1990 estimated tax payments and amount applied from 1989 return	56			
	57	**Earned income credit** (see page 23)	57			
	58	Amount paid with Form 4868 (extension request)	58			
	59	Excess social security tax and RRTA tax withheld (see page 24)	59			
	60	Credit for Federal tax on fuels *(attach Form 4136)*	60			
	61	Regulated investment company credit *(attach Form 2439)*	61			
	62	Add lines 55 through 61. These are your **total payments** ▶			62	2418
Refund or Amount You Owe	63	If line 62 is more than line 54, enter amount **OVERPAID** ▶			63	568
	64	Amount of line 63 to be **REFUNDED TO YOU** ▶			64	568
	65	**Amount of line 63 to be APPLIED TO YOUR 1991 ESTIMATED TAX** ▶	65			
	66	**If line 54 is more than line 62, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040" on it**			66	
	67	Estimated tax penalty (see page 25)	67			

Sign Here

(Keep a copy of this return for your records.)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation
Spouse's signature *(if joint return, BOTH must sign)*	Date	Spouse's occupation

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's social security no.
Firm's name (or yours if self-employed) and address		E.I. No.	
		ZIP code	

Schedules A&B (Form 1040) 1990 OMB No. 1545-0074 Page 2

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.)	Your social security number
Mary M. Malloy	000 11 1122

Schedule B—Interest and Dividend Income

Attachment Sequence No. 08

Part I Interest Income

(See Instructions on pages 13 and 30.)

If you received more than $400 in taxable interest income, or you are claiming the exclusion of interest from series EE U.S. savings bonds issued after 1989 (see page 30), you must complete Part I. List ALL interest received in Part I. If you received more than $400 in taxable interest income, you must also complete Part III. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page 31.

Interest Income

			Amount	
1	Interest income. (List name of payer—if any interest income is from seller-financed mortgages, see Instructions and list this interest first.) ▶	1		
	First Metropolitan Bank		485	–
2	Add the amounts on line 1. Enter the total	2	485	–
3	Enter the excludable savings bond interest, if any, from Form 8815, line 14. Attach Form 8815 to Form 1040	3		
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	485	–

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

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Part II Dividend Income

(See Instructions on pages 13 and 31.)

If you received more than $400 in gross dividends and/or other distributions on stock, you must complete Parts II and III. If you received, as a nominee, dividends that actually belong to another person, see page 31.

Dividend Income

					Amount	
5	Dividend income. (List name of payer—include on this line capital gain distributions, nontaxable distributions, etc.) ▶			5		
6	Add the amounts on line 5. Enter the total			6		
7	Capital gain distributions. Enter here and on Schedule*	7				
8	Nontaxable distributions. (See the Instructions for Form 1040, line 9.)	8				
9	Add the amounts on lines 7 and 8. Enter the total			9		
10	Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶			10		

Note: If you received a Form 1099-DIV, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

**If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the Instructions for Form 1040, lines 13 and 14.*

Part III Foreign Accounts and Foreign Trusts

(See Instructions on page 31.)

	If you received more than $400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.	Yes	No
11a	At any time during 1990, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 31 of the Instructions for exceptions and filing requirements for Form TD F 90-22.1.)		✗
b	If "Yes," enter the name of the foreign country ▶		
12	Were you the grantor of, or transferor to, a foreign trust that existed during 1990, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926		✗

For Paperwork Reduction Act Notice, see Form 1040 Instructions. **Schedule B (Form 1040) 1990**

Test, Part IV

1. Paul Morgan/ Paulette Macon

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **1990** PROOF COPY

For the year Jan.–Dec. 31, 1990, or other tax year beginning , 1990, ending , 19 OMB No. 1545-0074

Label (See Instructions on page 8.)
Use IRS label. Otherwise, please print or type.
LABEL HERE

Your first name and initial: Paulette M
Last name: Macon
Your social security number: 000 : 00 : 1111
If a joint return, spouse's first name and initial:
Last name:
Spouse's social security number: : :
Home address (number and street). (If you have a P.O. box, see page 9.): 700 First St.
Apt. no.
City, town or post office, state and ZIP code. (If you have a foreign address, see page 9.): Lakeland MN 55421

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Presidential Election Campaign (See page 9.)
Do you want $1 to go to this fund? . . . . ☐ Yes ☒ No
If joint return, does your spouse want $1 to go to this fund? . . ☐ Yes ☐ No
Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status
Check only one box.
1 ☒ Single. (See page 9 to find out if you can file as head of household.)
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶ ____
4 ☐ Head of household (with qualifying person). (See page 9.) If the qualifying person is your child but not your dependent, enter this child's name here. ▶ ____
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 9.)

Exemptions (See Instructions on page 10.)
6a ☒ **Yourself** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2 .
b ☐ **Spouse** . . . .
No. of boxes checked on 6a and 6b: 1

c **Dependents:**

(1) Name (first, initial, and last name)	(2) Check if under age 2	(3) If age 2 or older, dependent's social security number	(4) Relationship	(5) No. of months lived in your home in 1990
		: :		
		: :		
		: :		
		: :		
		: :		
		: :		

If more than 6 dependents, see Instructions on page 11.

No. of your children on 6c who:
- lived with you ____
- didn't live with you due to divorce or separation (see page 11) ____

No. of other dependents on 6c ____

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed . . . .
Add numbers entered on lines above: 1

Income
Attach Copy B of your Forms W-2, W-2G, and W-2P here.
If you do not have a W-2, see page 8.
Attach check or money order on top of any Forms W-2, W-2G, and W-2P.

7	Wages, salaries, tips, etc. *(attach Form(s) W-2)*	7		
8a	**Taxable** interest income *(also attach Schedule B if over $400)*	8a		
b	**Tax-exempt** interest income (see page 13). DON'T include on line 8a 8b			
9	Dividend income *(also attach Schedule B if over $400)*	9		
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 14	10		
11	Alimony received	11		
12	Business income or (loss) *(attach Schedule C)*	12		
13	Capital gain or (loss) (attach Schedule D)	13	1850	–
14	Capital gain distributions not reported on line 13 (see page 14)	14		
15	Other gains or (losses) *(attach Form 4797)*	15		
16a	Total IRA distributions 16a ____ 16b Taxable amount (see page 14)	16b		
17a	Total pensions and annuities 17a ____ 17b Taxable amount (see page 14)	17b		
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18		
19	Farm income or (loss) *(attach Schedule F)*	19		
20	Unemployment compensation (insurance) (see page 16)	20		
21a	Social security benefits 21a ____ 21b Taxable amount (see page 16)	21b		
22	Other income (list type and amount—see page 16)	22		
23	Add the amounts shown in the far right column for lines 7 through 22. This is your **total income** ▶	23	1850	–

Adjustments to Income (See Instructions on page 16.)

24a	Your IRA deduction, from applicable worksheet on page 17 or 18	24a		
b	Spouse's IRA deduction, from applicable worksheet on page 17 or 18	24b		
25	Deduction for self-employment tax, from worksheet on page 18	25		
26	Self-employed health insurance deduction, from worksheet on page 18	26		
27	Keogh retirement plan and self-employed SEP deduction	27		
28	Penalty on early withdrawal of savings	28		
29	Alimony paid. Recipient's SSN ▶ : :	29		
30	Add lines 24a through 29. These are your **total adjustments** ▶	30	–	

Adjusted Gross Income

31	Subtract line 30 from line 23. This is your **adjusted gross income.** *If this amount is less than $20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57* ▶	31	1850	–

Form 1040 (1990) **PROOF COPY** Page 2

Tax Computation

If you want IRS to figure your tax, see Instructions on page 19.

32 Amount from line 31 (adjusted gross income) 32 1850

33a Check if: ☐ You were 65 or older ☐ Blind; ☐ Spouse was 65 or older ☐ Blind.
Add the number of boxes checked and enter the total here. . . . . . ▶ 33a

b If your parent (or someone else) can claim you as a dependent, check here . . . ▶ 33b ☐

c If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here . . . . . . ▶ 33c ☐

34 Enter the **larger** of:
- Your **standard deduction** (from applicable chart (or worksheet) on page 20), **OR**
- Your **itemized deductions** (from Schedule A, line 27)
  If you itemize, attach Schedule A and check here. . . ▶ ☐

. . . . 34 3250

35 Subtract line 34 from line 32 . . . . 35 0

36 Multiply $2,050 by the total number of exemptions claimed on line 6e 36 2050

37 **Taxable income.** Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.) . . . 37 0

38 Enter tax. Check if from: a ☑ Tax Table, b ☐ Tax Rate Schedules, or c ☐ Form 8615 (see page 21)
(If any is from Form(s) 8814, enter that amount here ▶ ________ .) 38 0

39 Additional taxes (see page 21). Check if from: a ☐ Form 4970 b ☐ Form 4972 39

40 Add lines 38 and 39 . . . . ▶ 40 0

Credits

(See Instructions on page 21.)

41 Credit for child and dependent care expenses *(attach Form 2441)* 41

42 Credit for the elderly or the disabled *(attach Schedule R)* . . . 42

43 Foreign tax credit *(attach Form 1116)* 43

44 General business credit. Check if from:
a ☐ Form 3800 or b ☐ Form (specify) ________ . . 44

45 Credit for prior year minimum tax (attach Form 8801) . . . 45

46 Add lines 41 through 45 46

47 Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-.) . . . ▶ 47 0

Other Taxes

48 Self-employment tax *(attach Schedule SE)* 48

49 Alternative minimum tax *(attach Form 6251)* 49

50 Recapture taxes (see page 22). Check if from: a ☐ Form 4255 b ☐ Form 8611 . . 50

51 Social security tax on tip income not reported to employer *(attach Form 4137)* . . . 51

52 Tax on an IRA or a qualified retirement plan *(attach Form 5329)* 52

53 Advance earned income credit payments, from Form W-2 53

54 Add lines 47 through 53. This is your **total tax** . . . . . ▶ 54 0

Payments

Attach Forms W-2, W-2G, and W-2P to front.

55 Federal income tax withheld (If any is from Form(s) 1099, check ▶ ☐) 55

56 1990 estimated tax payments and amount applied from 1989 return 56

57 **Earned income credit** (see page 23). 57

58 Amount paid with Form 4868 (extension request) . . . 58

59 Excess social security tax and RRTA tax withheld (see page 24) 59

60 Credit for Federal tax on fuels *(attach Form 4136)* . . . 60

61 Regulated investment company credit *(attach Form 2439)* . . 61

62 Add lines 55 through 61. These are your **total payments** . . . . ▶ 62 0

Refund or Amount You Owe

63 If line 62 is more than line 54, enter amount **OVERPAID** . . . . . ▶ 63

64 Amount of line 63 to be **REFUNDED TO YOU** . . . . . ▶ 64

65 Amount of line 63 to be **APPLIED TO YOUR 1991 ESTIMATED TAX** ▶ 65

66 If line 54 is more than line 62, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040" on it 66 0

67 Estimated tax penalty (see page 25). 67

Sign Here

(Keep a copy of this return for your records.)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Your signature | Date | Your occupation

▶ Spouse's signature (if joint return, BOTH must sign) | Date | Spouse's occupation

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ☐ | Preparer's social security no.

Firm's name (or yours if self-employed) and address ▶ | E.I. No. | ZIP code

SCHEDULE D
(Form 1040)
Department of the Treasury
Internal Revenue Service

PROOF COPY

Capital Gains and Losses

(And Reconciliation of Forms 1099-B for Bartering Transactions)

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedule D (Form 1040).**

▶ **For more space to list transactions for lines 2a and 9a, get Schedule D-1 (Form 1040).**

OMB No. 1545-0074
1990
Attachment Sequence No. 12A

Name(s) shown on Form 1040: Paulette M. Macon

Your social security number: 000 00 1111

1 Enter the total sales of stocks, bonds, etc., and real estate transactions reported to you for 1990 on Forms 1099-B and 1099-S or on an equivalent substitute statement(s). If this amount differs from the total of lines 2c and 9c, column (d), attach a statement explaining the difference. See line 1 Instructions for examples . . . 1 | 8050 | -

Part I — Short-Term Capital Gains and Losses—Assets Held One Year or Less

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	**(b)** Date acquired (Mo., day, yr.)	**(c)** Date sold (Mo., day, yr.)	**(d)** Sales price (see instructions)		**(e)** Cost or other basis (see instructions)		**(f)** LOSS If (e) is more than (d), subtract (d) from (e)		**(g)** GAIN If (d) is more than (e), subtract (e) from (d)	
2a Stocks, Bonds, Other Securities, And Real Estate. Include All Form 1099-B And 1099-S Transactions. See Instructions.										
300 shares	8-15-90	5-30-90	1800	00	1200	00			600	-
New York										
2b Amounts from Schedule D-1, line 2b (attach Schedule D-1)					▨	▨				
2c Total of All Sales Price Amounts (add column (d) of lines 2a and 2b) ▶ 2c			1800		▨	▨	▨	▨	▨	▨
2d Other Transactions (Do NOT include real estate transactions from Forms 1099-S. Report them on line 2a.)										

		(f)		(g)	
3 Short-term gain from sale or exchange of your home from Form 2119, line 10 or 14c	3	▨	▨		
4 Short-term gain from installment sales from Form 6252, line 22 or 30	4	▨	▨		
5 Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries	5				
6 Short-term capital loss carryover from 1989 Schedule D, line 29	6			▨	▨
7 Add lines 2a, 2b, 2d, and 3 through 6, in columns (f) and (g)	7	(	)	600	00
8 **Net short-term gain or (loss).** Combine columns (f) and (g) of line 7			8	600	00

Part II — Long-Term Capital Gains and Losses—Assets Held More Than One Year

(a)	**(b)**	**(c)**	**(d)**		**(e)**		**(f)**		**(g)**	
9a Stocks, Bonds, Other Securities, And Real Estate. Include All Form 1099-B And 1099-S Transactions. See Instructions.										
200 shares	6-23-82	6-15-90	6250	00	5000	00			1250	00
Maty Corp										
9b Amounts from Schedule D-1, line 9b (attach Schedule D-1)					▨	▨				
9c Total of All Sales Price Amounts (add column (d) of lines 9a and 9b) ▶ 9c			6250	00	▨	▨	▨	▨	▨	▨
9d Other Transactions (Do NOT include real estate transactions from Forms 1099-S. Report them on line 9a.)										

		(f)		(g)	
10 Long-term gain from sale or exchange of your home from Form 2119, line 10 or 14c	10	▨	▨		
11 Long-term gain from installment sales from Form 6252, line 22 or 30	11	▨	▨		
12 Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries	12				
13 Capital gain distributions	13	▨	▨		
14 Gain from Form 4797, line 7 or 9	14	▨	▨		
15 Long-term capital loss carryover from 1989 Schedule D, line 36	15			▨	▨
16 Add lines 9a, 9b, 9d, and 10 through 15, in columns (f) and (g)	16	(	)	1250	00
17 **Net long-term gain or (loss).** Combine columns (f) and (g) of line 16			17	1250	00

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule D (Form 1040) 1990 Attachment Sequence No **12A** Page **2**

Name(s) shown on Form 1040 (Do not enter name and social security number if shown on other side.)

Your social security number

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Part III Summary of Parts I and II

18	Combine lines 8 and 17, and enter the net gain or (loss) here. If the result is a gain, **stop here** and also enter the gain on Form 1040, line 13	18	1850	–
19	If line 18 is a (loss), enter here and as a (loss) on Form 1040, line 13, the **smaller** of:			
a	The (loss) on line 18; **or**			
b	($3,000) or, if married filing a separate return, ($1,500)	19	(	)
	Note: *When figuring whether 19a or 19b is* **smaller**, *treat both numbers as if they are positive.*			
	Go on to Part IV if the loss on line 18 is more than $3,000 ($1,500, if married filing a separate return), OR if taxable income on Form 1040, line 37, is zero.			

Part IV Capital Loss Carryovers from 1990 to 1991

Section A.—Carryover Limit

20	Enter taxable income from Form 1040, line 37. **(If Form 1040, line 37, is zero, see Instructions for amount to enter.)**	20		
	Note: *For lines 21 through 36, enter all amounts as positive numbers.*			
21	Enter the loss on line 19	21		
22	Enter the amount on Form 1040, line 36	22		
23	Combine lines 20, 21, and 22. If zero or less, enter -0-	23		
24	**Carryover Limit.** Enter the **smaller** of line 21 or line 23	24		

Section B.—Short-Term Capital Loss Carryover to 1991

(Complete this section only if there is a loss on line 8 and line 19. Otherwise, go on to Section C.)

25	Enter the loss on line 8				25		
26	Enter the gain, if any, on line 17	26					
27	Enter the amount on line 24	27					
28	Add lines 26 and 27				28		
29	**Short-term capital loss carryover to 1991.** Subtract line 28 from line 25. If zero or less, enter -0-				29		

Section C.—Long-Term Capital Loss Carryover to 1991

(Complete this section only if there is a loss on line 17 and line 19.)

30	Enter the loss on line 17				30		
31	Enter the gain, if any, on line 8				31		
32	Enter the amount on line 24	32					
33	Enter the amount, if any, on line 25	33					
34	Subtract line 33 from line 32. If zero or less, enter -0-				34		
35	Add lines 31 and 34				35		
36	**Long-term capital loss carryover to 1991.** Subtract line 35 from line 30. If zero or less, enter -0- . .				36		

Part V Election Not to Use the Installment Method (Complete this part only if you elect out of the installment method and report a note or other obligation at less than full face value.)

37	Check here if you elect out of the installment method	▶ ☐
38	Enter the face amount of the note or other obligation	▶ ....
39	Enter the percentage of valuation of the note or other obligation	▶

Part VI Reconciliation of Forms 1099-B for Bartering Transactions

(Complete this part if you received one or more Forms 1099-B or equivalent substitute statements reporting bartering income.)

			Amount of bartering income from Form 1099-B or equivalent statement reported on form or schedule	
40	Form 1040, line 22	40		
41	Schedule C (Form 1040)	41		
42	Schedule D (Form 1040)	42		
43	Schedule E (Form 1040)	43		
44	Schedule F (Form 1040)	44		
45	Other form or schedule (identify) (if nontaxable, indicate reason–attach additional sheets if necessary):	45		
46	Total (add lines 40 through 45)	46		

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Note: *The amount on line 46 should be the same as the total bartering income on all Forms 1099-B and equivalent statements received for bartering transactions.*

Form **2119**

Department of the Treasury
Internal Revenue Service

PROOF COPY

Sale of Your Home

▶ See Separate Instructions.

▶ Please print or type.

OMB No. 1545-0072

1990

Attachment Sequence No. 20

Your first name and initial (if joint, also give spouse's name and initial.): Paulette M.
Last name: Macon
Your social security number: 000 00 1111

Fill in Your Address Only If You Are Filing This Form by Itself and Not with Your Tax Return

Present address (no., street, and apt. no., rural route, or P.O. box no. if mail not delivered to street address):
Spouse's social security number:
City, town or post office, state, and ZIP code:

Part I General Information

1a Date your former main home was sold (month, day, year) ▶ 4 / 18 / 90

b Enter the face amount of any mortgage, note (e.g., second trust), or other financial instrument on which you will receive periodic payments of principal or interest from this sale (see Instructions) ▶ $

2 Have you bought or built a new main home? ☐ Yes ☒ No

3 Is or was any part of either main home rented out or used for business? (If "Yes," see Instructions.) ☐ Yes ☒ No

Part II Gain on Sale *(Do not include amounts you deduct as moving expenses.)*

4 Selling price of home. (Do not include personal property items that you sold with your home.) 4 75,000 –

5 Expense of sale. (Include sales commissions, advertising, legal, etc.) 5 4000

6 Amount realized. Subtract line 5 from line 4 6 71,000

7 Basis of home sold. (See Instructions.) 7 42,000

8a **Gain on Sale.** Subtract line 7 from line 6 8a 29,000

- If zero or less, stop here and attach the form to your return.

b If you haven't replaced your home, do you plan to do so within the replacement period (see Instructions)? (If "Yes," stop here, and see Instructions for additional filing requirements.) ☐ Yes ☒ No

Part III One-Time Exclusion of Gain for People Age 55 or Older *(If you are not taking the exclusion, go to Part IV now.)*

9a Were you 55 or older on date of sale? ☒ Yes ☐ No

b Was your spouse 55 or older on date of sale? (If both lines 9a and 9b are "No," go to Part IV now.) ☐ Yes ☐ No

c Did at least one spouse who answered "Yes" to line 9a or 9b own and use the property as their main home for a total of at least 3 years (except for short absences) of the 5-year period before the sale? (If "No," go to Part IV now.) ☒ Yes ☐ No

d **If line 9c is "Yes," do you elect to take the one-time exclusion?** *(If "No," go to Part IV now.)* ☒ Yes ☐ No

e At time of sale, who owned the home? ☒ You ☐ Your spouse ☐ Both of you

f Social security number of spouse at time of sale, if you had a different spouse from the one above at time of sale. (Enter "None" if you were not married at time of sale.) ▶

g **Exclusion.** Enter the smaller of line 8a or $125,000 ($62,500, if married filing separate return) 9g 29,000 –

Part IV Adjusted Sales Price, Taxable Gain and Adjusted Basis of New Home

10 If line 9g is blank, enter the amount from line 8a. Otherwise, subtract line 9g from line 8a 10

- If zero, stop here and attach the form to your return.
- If you answered "Yes" on line 2, go to line 11 now.
- If you are reporting the sale on the installment method, stop here and see line 1b instructions.
- Otherwise, stop here and enter this amount on Schedule D, line 3 or line 10.

11 Fixing-up expenses. (See Instructions for time limits.) 11

12 **Adjusted Sales Price.** Subtract line 11 from line 6 12

13a Date you moved into new home (month, day, year) ▶ / / b Cost of new home 13b

14a Add the amount on line 9g, if any, and the amount on line 13b and enter the result 14a

b Subtract line 14a from line 12. If zero or less, enter -0- 14b

c **Taxable gain.** Enter the smaller of line 10 or line 14b 14c

- If zero, do not enter on Schedule D, but go to lines 15 and 16 now and attach to your return.
- If you are reporting the sale on the installment method, see line 1b Instructions and go to line 15.
- Otherwise, enter this amount on Schedule D, line 3 or line 10 and complete lines 15 and 16.

15 Postponed gain. Subtract line 14c from line 10 15

16 **Adjusted basis of new home.** Subtract line 15 from line 13b 16

Sign Here Only If You Are Filing This Form by Itself and Not with Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature ▶ Date
Spouse's Signature ▶ Date
(If joint return, both must sign.)

For Paperwork Reduction Act Notice, see separate Instructions.

Form **2119** (1990)

Form **1040A**

Department of the Treasury – Internal Revenue Service

U.S. Individual Income Tax Return 1990

PROOF COPY

OMB No. 1545-0085

Step 1

Label

(See page 14.)

Use IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial: Sam M.
Last name: Pascal
Your social security no.: 000 00 1234
If a joint return, spouse's first name and initial:
Last name:
Spouse's social security no.:
Home address (number and street). (If you have a P.O. box, see page 15.): 1256 North Cherry
Apt. no.
City, town or post office, state and ZIP code. (If you have a foreign address, see page 15.): St Paul MN 55108

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Presidential Election Campaign Fund (see page 15)

Do you want $1 to go to this fund? ☒ Yes ☐ No
If joint return, does your spouse want $1 to go to this fund? ☐ Yes ☐ No

Note: *Checking "Yes" will not change your tax or reduce your refund*

Step 2

Check your filing status

(Check only one.)

1 ☒ Single. (See page 16 to find out if you can file as head of household.)
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return Enter spouse's social security number above and spouse's full name here ▶ ______
4 ☐ Head of household (with qualifying person). (See page 16.) If the qualifying person is your child but not your dependent, enter this child's name here ▶ ______
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19____). (See page 17.)

Step 3

Figure your exemptions

(See page 17.)

6a ☒ **Yourself** If someone else (such as your parent) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 18b on page 2.
6b ☐ **Spouse**

No. of boxes checked on 6a and 6b 1

If more than 7 dependents, see page 20.

c Dependents: 1. Name (first, initial, and last name)	2. Check if under age 2	3. If age 2 or older, dependent's social security number	4. Relationship	5. No. of months lived in your home in 1990

No. of your children on 6c who:
- **lived with you** ______
- **didn't live with you due to divorce or separation (see page 20)** ______

No. of other dependents listed on 6c ______

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed.

Add numbers entered on lines above 1

Step 4

Figure your total income

Attach Copy B of your Forms W-2 and W-2P here.

Attach check or money order on top of any Forms W-2 or W-2P.

7	Wages, salaries, tips, etc. This should be shown in Box 10 of your W-2 form(s). (Attach Form(s) W-2.)	7
8a	**Taxable** interest income (see page 23). (If over $400, also complete and attach Schedule 1, Part I.)	8a 310 –
b	**Tax-exempt** interest. (DO NOT include on line 8a.) 8b 5000 –	
9	Dividends. (If over $400, also complete and attach Schedule 1, Part II.)	9
10a	Total IRA distributions. 10a ______ 10b Taxable amount (see page 24).	10b
11a	Total pensions and annuities. 11a ______ 11b Taxable amount (see page 24).	11b 20,000 –
12	Unemployment compensation (insurance) from Form(s) 1099-G.	12
13a	Social security benefits. 13a 4000 13b Taxable amount (see page 27).	13b 1155 –
14	Add lines 7 through 13b (far right column). This is your **total income.**	▶ 14 21 465 –

Step 5

Figure your adjusted gross income

15a	Your IRA deduction from applicable worksheet. 15a	
b	Spouse's IRA deduction from applicable worksheet. **Note:** *Rules for IRAs begin on page 29.* 15b	
c	Add lines 15a and 15b. These are your **total adjustments.**	15c
16	Subtract line 15c from line 14. This is your **adjusted gross income**. (If less than $20,264, see "Earned income credit" on page 39.)	▶ 16 21465 –

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Step 6

Figure your standard deduction, exemption amount, and taxable income

17	Enter the amount from line 16.			17	21,465 -
18a	Check if: ☐ You were 65 or older ☐ Blind ☐ Spouse was 65 or older ☐ Blind **Enter number of boxes checked** ▶ 18a ☐				
b	If someone else (such as your parent) can claim you as a dependent, check here ▶ 18b ☐				
c	If you are married filing separately and your spouse files Form 1040 and itemizes deductions, see page 33 and check here ▶ 18c ☐				
19	**Enter your standard deduction. See page 34 for the chart (or worksheet) that applies to you. Be sure to enter your standard deduction here.**			19	3250 -
20	Subtract line 19 from line 17. (If line 19 is more than line 17, enter -0-.)			20	18,215 -
21	Multiply $2,050 by the total number of exemptions claimed on line 6e.			21	2,050 -
22	Subtract line 21 from line 20. (If line 21 is more than line 20, enter -0-.) This is your **taxable income**.			▶ 22	16,165 -

Step 7

Figure your tax, credits, and payments

(If you want IRS to figure your tax, see page 35.)

23	Find the tax on the amount on line 22. Check if from: ☒ Tax Table (pages 48–53) or ☐ Form 8615 (see page 36)			23	2,426 -
24a	Credit for child and dependent care expenses. Complete and attach Schedule 2.	24a			
b	Credit for the elderly or the disabled. Complete and attach Schedule 3.	24b			
c	Add lines 24a and 24b. These are your **total credits.**			24c	
25	Subtract line 24c from line 23. (If line 24c is more than line 23, enter -0-.)			25	2,426 -
26	Advance earned income credit payments from Form W-2.			26	—
27	Add lines 25 and 26. This is your **total tax.**			▶ 27	2,426 -
28a	Total Federal income tax withheld. (If any is from Form(s) 1099, check here ▶ ☐.)	28a			
b	1990 estimated tax payments and amount applied from 1989 return.	28b	2,400		
c	**Earned income credit.** See page 39 to find out if you can take this credit.	28c			
d	Add lines 28a, 28b, and 28c. These are your **total payments**			▶ 28d	2 400 -

Step 8

Figure your refund or amount you owe

Attach check or money order on top of Form(s) W-2, etc. on page 1.

29	If line 28d is more than line 27, subtract line 27 from line 28d. This is the amount you **overpaid.**			29	
30	Amount of line 29 you want **refunded to you.**			30	
31	Amount of line 29 you want **applied to your 1991 estimated tax.**	31			
32	If line 27 is more than line 28d, subtract line 28d from line 27. This is the **amount you owe.** Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040A" on it.			32	26 -
33	Estimated tax penalty. (see page 43).	33			

Step 9

Sign your return

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

▶ Your signature	Date	Your occupation
▶ Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation

Paid preparer's use only

Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's social security no.
Firm's name (or yours if self-employed) and address ▶		E.I. No.	
		ZIP code	

PROOF COPY

Social security benefits worksheet (keep for your records)

Note: *If married filing a separate return and you did not live with your spouse at any time in 1990, write "D" in the space to the left of line 13a.*

1. Enter the amount from Box 5 of all your Forms SSA-1099 or Forms RRB-1099.	4,000. 00
Note: *If the amount on line 1 is zero or less, stop here; none of your benefits are taxable. Otherwise, go to line 2.*	
2. Divide the amount on line 1 above by 2. Enter the result.	2,000. 00
3. Add the amounts on Form 1040A, lines 7, 8a, 8b, 9, 10b, 11b and 12. Do not include here any amounts from Box 5 of Form(s) SSA-1099 or RRB-1099.	25,310. –
4. Add lines 2 and 3. Enter the total.	27,310. –
5. Enter the amount, if any, from Form 1040A, line 15c.	–
6. Subtract line 5 from line 4. Enter the result.	27,310. –
7. Enter on line 7 the amount shown below for your filing status: • Single, head of household, or qualifying widow(er) with dependent child, enter $25,000 • Married filing a joint return, enter $32,000 • Married filing a separate return, enter $-0- ($25,000 if you did not live with your spouse at any time in 1990)	25,000. –
8. Subtract line 7 from line 6. Enter the result, but not less than zero.	2,310. –

Note: *If line 8 is zero, stop here. None of your benefits are taxable. Do not enter any amounts on lines 13a or 13b. But if you are married filing a separate return and you did* **not** *live with your spouse at any time in 1990, enter -0- on line 13b. Be sure you wrote "D" to the left of line 13a. If line 8 is more than zero, go to line 9.*

9. Divide the amount on line 8 above by 2. Enter the result.	1,155. 00
10. Taxable social security benefits. • First, enter on Form 1040A, line 13a, the amount from line 1 above. • Then, compare the amounts on lines 2 and 9 above. Enter the **smaller** of the two amounts here and on Form 1040A, line 13b.	1,155. 00

Note: *If part of your benefits are taxable for 1990 and they include benefits paid in 1990 that were for a prior year, you may be able to reduce the taxable amount shown on the worksheet. Get Pub. 915 for details.*

Form **1040A**

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return **1990**

PROOF COPY

OMB No. 1545-0085

Step 1
Label
(See page 14.)

Use IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial: Ed P. Last name: Cass

If a joint return, spouse's first name and initial: JoAnn J. Last name: Cass

Home address (number and street) (If you have a P.O. box, see page 15.): 1700 Front St. Apt. no.

City, town or post office, state and ZIP code (If you have a foreign address, see page 15.): Seattle WA 98170

Your social security no. 000 00 2222

Spouse's social security no. 000 00 3333

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Presidential Election Campaign Fund (see page 15)

Do you want $1 to go to this fund? ☒ Yes ☐ No

If joint return, does your spouse want $1 to go to this fund? ☒ Yes ☐ No

Note: *Checking "Yes" will not change your tax or reduce your refund*

Step 2
Check your filing status
(Check only one.)

1 ☐ Single. (See page 16 to find out if you can file as head of household.)

2 ☒ Married filing joint return (even if only one had income)

3 ☐ Married filing separate return. Enter spouse's social security number above and spouse's full name here ▶ ____

4 ☐ Head of household (with qualifying person). (See page 16.) If the qualifying person is your child but not your dependent, enter this child's name here ▶ ____

5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19____). (See page 17.)

Step 3
Figure your exemptions
(See page 17.)

6a ☒ **Yourself** If someone else (such as your parent) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 18b on page 2.

6b ☒ **Spouse**

No. of boxes checked on 6a and 6b: 2

c **Dependents:**

1. Name (first, initial, and last name)	2. Check if under age 2	3. If age 2 or older, dependent's social security number	4. Relationship	5. No. of months lived in your home in 1990

If more than 7 dependents, see page 20.

No. of your children on 6c who:
- lived with you ____
- didn't live with you due to divorce or separation (see page 20) ____

No. of other dependents listed on 6c ____

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐

e Total number of exemptions claimed.

Add numbers entered on lines above: 2

Step 4
Figure your total income

Attach Copy B of your Forms W-2 and W-2P here.

Attach check or money order on top of any Forms W-2 or W-2P.

7 Wages, salaries, tips, etc. This should be shown in Box 10 of your W-2 form(s). (Attach Form(s) W-2.) 7

8a **Taxable** interest income (see page 23). (If over $400, also complete and attach Schedule 1, Part I.) 8a 380 -

b **Tax-exempt** interest. (DO NOT include on line 8a.) 8b

9 Dividends. (If over $400, also complete and attach Schedule 1, Part II.) 9

10a Total IRA distributions. 10a | 10b Taxable amount (see page 24). 10b

11a Total pensions and annuities. 11a | 11b Taxable amount (see page 24). 11b 15,500 -

12 Unemployment compensation (insurance) from Form(s) 1099-G. 12

13a Social security benefits. 13a | 13b Taxable amount (see page 27). 13b

14 Add lines 7 through 13b (far right column). This is your **total income.** ▶ 14 15,880 -

Step 5
Figure your adjusted gross income

15a Your IRA deduction from applicable worksheet. 15a

b Spouse's IRA deduction from applicable worksheet. **Note:** *Rules for IRAs begin on page 29.* 15b

c Add lines 15a and 15b. These are your **total adjustments.** 15c —

16 Subtract line 15c from line 14. This is your **adjusted gross income.** (If less than $20,264, see "Earned income credit" on page 39.) ▶ 16 15,880 -

PROOF COPY

Step 6	**17**	Enter the amount from line 16.			17	15,880	-
	18a	Check if: ☒ **You** were 65 or older ☐ Blind ☒ **Spouse** was 65 or older ☐ Blind **Enter number of boxes checked** ▶ 18a				2	
Figure your standard deduction,	**b**	If someone else (such as your parent) can claim you as a dependent, check here ▶ 18b ☐					
	c	If you are married filing separately and your spouse files Form 1040 and itemizes deductions, see page 33 and check here ▶ 18c ☐					
	19	**Enter your standard deduction. See page 34 for the chart (or worksheet) that applies to you. Be sure to enter your standard deduction here.**			19	6 750	-
exemption amount, and	**20**	Subtract line 19 from line 17. (If line 19 is more than line 17, enter -0-.)			20	9130	-
	21	Multiply $2,050 by the total number of exemptions claimed on line 6e.			21	4100	-
taxable income	**22**	Subtract line 21 from line 20. (If line 21 is more than line 20, enter -0-.) This is your **taxable income**. ▶			22	5030	-
Step 7	**23**	Find the tax on the amount on line 22. Check if from: ☒ Tax Table (pages 48–53) or ☐ Form 8615 (see page 36)			23	754	-
Figure your tax, credits, and payments	**24a**	Credit for child and dependent care expenses. Complete and attach Schedule 2.	24a				
	b	Credit for the elderly or the disabled. Complete and attach Schedule 3.	24b	684 –			
	c	Add lines 24a and 24b. These are your **total credits**.			24c	684	-
(If you want IRS to figure your tax, see page 35.)	**25**	Subtract line 24c from line 23. (If line 24c is more than line 23, enter -0-.)			25	70	-
	26	Advance earned income credit payments from Form W-2.			26	–	
	27	Add lines 25 and 26. This is your **total tax**. ▶			27	70	-
	28a	Total Federal income tax withheld. (If any is from Form(s) 1099, check here ▶ ☐.)	28a				
	b	1990 estimated tax payments and amount applied from 1989 return.	28b				
	c	**Earned income credit.** See page 39 to find out if you can take this credit.	28c				
	d	Add lines 28a, 28b, and 28c. These are your **total payments**. ▶			28d	–	
Step 8	**29**	If line 28d is more than line 27, subtract line 27 from line 28d. This is the amount you **overpaid**.			29		
Figure your refund or amount you owe	**30**	Amount of line 29 you want **refunded to you.**			30		
	31	Amount of line 29 you want **applied to your 1991 estimated tax.**	31				
Attach check or money order on top of Form(s) W-2, etc. on page 1.	**32**	If line 27 is more than line 28d, subtract line 28d from line 27. This is the **amount you owe**. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040A" on it.			32	70	-
	33	Estimated tax penalty. (see page 43).	33				

Step 9

Sign your return

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Keep a copy of this return for your records.

▶ Your signature	Date	Your occupation	
▶ Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation	

Paid preparer's use only

Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's social security no.
Firm's name (or yours if self-employed) and address ▶		E.I. No	
		ZIP code	

Schedule 3
(Form 1040A)

Department of Treasury—Internal Revenue Service

Credit for the Elderly or the Disabled for Form 1040A Filers

1990

PROOF COPY

OMB No. 1545-0085

Name(s) shown on Form 1040A: Ed. P and Jo Ann J. Cass

Your social security number: 000 00 2222

You may be able to use Schedule 3 to **reduce your tax** if by the end of 1990:

1. You were 65 or older, **OR** 2. You were under 65, you retired on **permanent and total** disability, and you received taxable disability income.

Other restrictions apply, even if you are in either of these categories. Read the separate Schedule 3 instructions to see if you can take this credit.

Note: *Do you want IRS to figure this credit for you? See page 35 of the Form 1040A instructions.*

Part I

Check the box for your filing status and age

If your filing status is:	And by the end of 1990:	Check only one box:
Single, Head of household, or Qualifying widow(er) with dependent child	**1** You were 65 or older	1 ☐
	2 You were under 65 and you retired on permanent and total disability	2 ☐
Married filing a joint return	**3** Both spouses were 65 or older	3 ☒
	4 Both spouses were under 65, but only one spouse retired on permanent and total disability	4 ☐
	5 Both spouses were under 65, and both retired on permanent and total disability	5 ☐
	6 One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total disability	6 ☐
	7 One spouse was 65 or older, and the other spouse was under 65 and **NOT** retired on permanent and total disability	7 ☐
Married filing a separate return	**8** You were 65 or older and you did not live with your spouse at any time in 1990	8 ☐
	9 You were under 65, you retired on permanent and total disability, and you did not live with your spouse at any time in 1990	9 ☐

Note: *If you checked Box 1, 3, 7, or 8, skip Part II and complete Part III on the back. All others, complete Parts II and III.*

Part II

Statement of permanent and total disability
(Complete this part **only** if you checked Box 2, 4, 5, 6, or 9 above.)

IF: 1 You filed a physician's statement for this disability for 1983 or an earlier year, or you filed a statement for tax years after 1983 and your physician checked Box B on the statement, **AND**

2 Due to your continued disabled condition you were unable to engage in any substantial gainful activity in 1990, check this box ▶ ☐

- If you checked this box, you do not have to file another statement for 1990.
- If you did **not** check this box, have your physician complete the following statement:

Physician's statement
(See instructions at bottom of page 2.)

I certify that ______________________
Name of disabled person

was permanently and totally disabled on January 1, 1976, or January 1, 1977, **OR** was permanently and totally disabled on the date he or she retired. If retired after December 31, 1976, enter the date retired. ▶ __________

Physician: Sign your name on **either** line A or B below.

A The disability has lasted, or can be expected to last, continuously for at least a year . . . . . ______________________ Physician's signature ______ Date

B There is no reasonable probability that the disabled condition will ever improve . . . . . ______________________ Physician's signature ______ Date

Physician's name ______________________

Physician's address ______________________

For Paperwork Reduction Act Notice, see the Form 1040A Instructions. **Schedule 3 (Form 1040A) 1990**

Part III
Figure the amount of your credit

10 If you checked (in Part I): Enter:
Box 1, 2, 4, or 7 . . . . $5,000
Box 3, 5, or 6 . . . . $7,500
Box 8 or 9 . . . . $3,750 | 10 | 7,500

Caution: *If you checked Box 2, 4, 5, 6, or 9 in Part I, you* **MUST** *complete line 11 below. Otherwise, skip line 11 and enter the amount from line 10 on line 12.*

11 Enter on line 11 your taxable disability income (and also your spouse's if you checked Box 5 in Part I) that you reported on Form 1040A. However, if you checked Box 6 in Part I, enter on line 11 the taxable disability income of the spouse who was under age 65 **PLUS** $5,000. (For more details on what to include, see the instructions.) | 11 | –

12 If you completed line 11 above, compare the amounts on lines 10 and 11, and enter the **smaller** of the two amounts here. Otherwise, enter the amount from line 10. | 12 | 7,500 | –

13 Enter the following pensions, annuities, or disability income that you (and your spouse if you file a joint return) received in 1990 (see instructions):

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a Nontaxable part of social security benefits; and
Nontaxable part of railroad retirement benefits treated as social security. | 13a | –

b Nontaxable veterans' pensions; and any other pension, annuity, or disability benefit that is excluded from income under any other provision of law. | 13b | –

c Add lines 13a and 13b. (Even though these income items are not taxable, they **must** be included to figure your credit.) If you did not receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c. | 13c | -

14 Enter the amount from Form 1040A, line 17. | 14 | 15,880 | -

15 If you checked (in Part I): Enter:
Box 1 or 2 . . . . $7,500
Box 3, 4, 5, 6, or 7 . . . . . . $10,000
Box 8 or 9 . . . . $5,000 | 15 | 10,000 | -

16 Subtract line 15 from line 14. Enter the result. If line 15 is more than line 14, enter -0-. | 16 | 5880 | -

17 Divide the amount on line 16 by 2. Enter the result. | 17 | 2940

18 Add lines 13c and 17. Enter the total. | 18 | 2940 | -

19 Subtract line 18 from line 12. Enter the result. If the result is zero or less, stop here; you **cannot** take the credit. Otherwise, go on to line 21. | 19 | 4560 | -

20 Decimal amount used to figure the credit. | 20 | × .15

21 Multiply the amount on line 19 by the decimal amount (.15) on line 20. Enter the result here and on Form 1040A, line 24b. | 21 | 684 | -

Instructions for physician's statement

Taxpayer.—If you retired after December 31, 1976, enter the date you retired in the space provided in Part I.

Physician.—A person is permanently and totally disabled when—

- He or she cannot engage in any substantial gainful activity because of a physical or mental condition; and
- A physician determines that the disability:
  1. has lasted, or can be expected to last, continuously for at least a year; or
  2. can be expected to lead to death.

Form **1040** Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return **1990** PROOF COPY

For the year Jan.–Dec. 31, 1990, or other tax year beginning , 1990, ending , 19 OMB No. 1545-0074

Label (See Instructions on page 8.)

Use IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial: Donald E. Last name: Brown

Your social security number: 000 00 1111

If a joint return, spouse's first name and initial: Last name:

Spouse's social security number:

Home address (number and street). (If you have a P.O. box, see page 9.) 5312 No. Blossom Apt. no.

City, town or post office, state and ZIP code. (If you have a foreign address, see page 9.) Minneapolis MN 53201

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Presidential Election Campaign (See page 9.)

Do you want $1 to go to this fund? ☐ Yes ☐ No

If joint return, does your spouse want $1 to go to this fund? ☐ Yes ☐ No

Note: *Checking "Yes" will not change your tax or reduce your refund.*

Filing Status

Check only one box.

1 ☒ Single. (See page 9 to find out if you can file as head of household.)

2 ☐ Married filing joint return (even if only one had income)

3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See page 9.) If the qualifying person is your child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 9.)

Exemptions

(See Instructions on page 10.)

6a ☒ Yourself If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2.

b ☐ Spouse

No. of boxes checked on 6a and 6b: 1

c Dependents:

(1) Name (first, initial, and last name)	(2) Check if under age 2	(3) If age 2 or older, dependent's social security number	(4) Relationship	(5) No. of months lived in your home in 1990

If more than 6 dependents, see Instructions on page 11.

No. of your children on 6c who:
- lived with you
- didn't live with you due to divorce or separation (see page 11)

No. of other dependents on 6c

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐

e Total number of exemptions claimed

Add numbers entered on lines above: 1

Income

Attach Copy B of your Forms W-2, W-2G, and W-2P here.

If you do not have a W-2, see page 8.

Attach check or money order on top of any Forms W-2, W-2G, and W-2P.

7	Wages, salaries, tips, etc. *(attach Form(s) W-2)*	7		
8a	**Taxable** interest income *(also attach Schedule B if over $400)*	8a		
b	**Tax-exempt** interest income (see page 13). DON'T include on line 8a 8b			
9	Dividend income *(also attach Schedule B if over $400)*	9		
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 14	10		
11	Alimony received	11		
12	Business income or (loss) *(attach Schedule C)*	12		
13	Capital gain or (loss) (attach Schedule D)	13		
14	Capital gain distributions not reported on line 13 (see page 14)	14		
15	Other gains or (losses) *(attach Form 4797)*	15		
16a	Total IRA distributions 16a — 16b Taxable amount (see page 14)	16b		
17a	Total pensions and annuities 17a — 17b Taxable amount (see page 14)	17b	8,000	00
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18		
19	Farm income or (loss) *(attach Schedule F)*	19		
20	Unemployment compensation (insurance) (see page 16)	20		
21a	Social security benefits 21a — 21b Taxable amount (see page 16)	21b		
22	Other income (list type and amount—see page 16)	22		
23	Add the amounts shown in the far right column for lines 7 through 22. This is your **total income** ▶	23	8,000	00

Adjustments to Income

(See Instructions on page 16.)

24a	Your IRA deduction, from applicable worksheet on page 17 or 18	24a	
b	Spouse's IRA deduction, from applicable worksheet on page 17 or 18	24b	
25	Deduction for self-employment tax, from worksheet on page 18	25	
26	Self-employed health insurance deduction, from worksheet on page 18	26	
27	Keogh retirement plan and self-employed SEP deduction	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid. Recipient's SSN ▶	29	
30	Add lines 24a through 29. These are your **total adjustments** ▶	30	

Adjusted Gross Income

31 Subtract line 30 from line 23. This is your **adjusted gross income.** *If this amount is less than $20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57* ▶ 31 8,000 00

Form 1040 (1990) — Page 2

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Tax Computation

If you want IRS to figure your tax, see Instructions on page 19.

32	Amount from line 31 (adjusted gross income)			32	8,000	-
33a	Check if: ☐ You were 65 or older ☒ Blind; ☐ Spouse was 65 or older ☐ Blind. Add the number of boxes checked and enter the total here ▶	33a	1			
b	If your parent (or someone else) can claim you as a dependent, check here ▶	33b	☐			
c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here ▶	33c	☐			
34	Enter the larger of: • Your **standard deduction** (from applicable chart (or worksheet) on page 20), **OR** • Your **itemized deductions** (from Schedule A, line 27). If you itemize, attach Schedule A and check here ▶ ☐			34	4,050	-
35	Subtract line 34 from line 32			35	3,950	-
36	Multiply $2,050 by the total number of exemptions claimed on line 6e			36	2050	-
37	**Taxable income.** Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)			37	1900	-
38	Enter tax. Check if from: a ☒ Tax Table, b ☐ Tax Rate Schedules, or c ☐ Form 8615 (see page 21) (If any is from Form(s) 8814, enter that amount here ▶)			38	287	-
39	Additional taxes (see page 21). Check if from: a ☐ Form 4970 b ☐ Form 4972			39		
40	Add lines 38 and 39 ▶			40	287	-

Credits

(See Instructions on page 21.)

41	Credit for child and dependent care expenses *(attach Form 2441)*	41				
42	Credit for the elderly or the disabled *(attach Schedule R)*	42				
43	Foreign tax credit *(attach Form 1116)*	43				
44	General business credit. Check if from: a ☐ Form 3800 or b ☐ Form (specify)	44				
45	Credit for prior year minimum tax (attach Form 8801)	45				
46	Add lines 41 through 45			46	-	
47	Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-.) ▶			47	287	-

Other Taxes

48	Self-employment tax *(attach Schedule SE)*	48		
49	Alternative minimum tax *(attach Form 6251)*	49		
50	Recapture taxes (see page 22). Check if from: a ☐ Form 4255 b ☐ Form 8611	50		
51	Social security tax on tip income not reported to employer *(attach Form 4137)*	51		
52	Tax on an IRA or a qualified retirement plan *(attach Form 5329)*	52		
53	Advance earned income credit payments, from Form W-2	53		
54	Add lines 47 through 53. This is your **total tax** ▶	54	287	-

Payments

Attach Forms W-2, W-2G, and W-2P to front.

55	Federal income tax withheld **(If any is from Form(s) 1099, check ▶ ☐)**	55					
56	1990 estimated tax payments and amount applied from 1989 return	56	600	-			
57	**Earned income credit** (see page 23)	57					
58	Amount paid with Form 4868 (extension request)	58					
59	Excess social security tax and RRTA tax withheld (see page 24)	59					
60	Credit for Federal tax on fuels *(attach Form 4136)*	60					
61	Regulated investment company credit *(attach Form 2439)*	61					
62	Add lines 55 through 61. These are your **total payments** ▶				62	600	-

Refund or Amount You Owe

63	If line 62 is more than line 54, enter amount **OVERPAID** ▶			63	313	-
64	Amount of line 63 to be **REFUNDED TO YOU** ▶			64	313	-
65	Amount of line 63 to be **APPLIED TO YOUR 1991 ESTIMATED TAX** ▶	65				
66	If line 54 is more than line 62, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040" on it			66		
67	Estimated tax penalty (see page 25)	67				

Sign Here

(Keep a copy of this return for your records.)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation
Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's social security no.
Firm's name (or yours if self-employed) and address		E.I. No.	
		ZIP code	

Form **2119** PROOF COPY

Department of the Treasury
Internal Revenue Service

Sale of Your Home

▶ See Separate Instructions.

▶ Please print or type.

OMB No 1545-0072

1990

Attachment Sequence No 20

Your first name and initial (If joint, also give spouse's name and initial.)	Last name	Your social security number
Donald E.	Brown	000 00 1111

Fill In Your Address Only If You Are Filing This Form by Itself and Not with Your Tax Return

Present address (no., street, and apt. no., rural route, or P.O. box no. if mail not delivered to street address)

Spouse's social security number

City, town or post office, state, and ZIP code

Part I General Information

1a Date your former main home was sold (month, day, year) ▶ 7/1/90

b Enter the face amount of any mortgage, note (e.g., second trust), or other financial instrument on which you will receive periodic payments of principal or interest from this sale (see Instructions) ▶ $ —

2 Have you bought or built a new main home? ☐ Yes ☒ No

3 Is or was any part of either main home rented out or used for business? (If "Yes," see Instructions.) ☐ Yes ☒ No

Part II Gain on Sale *(Do not include amounts you deduct as moving expenses.)*

4	Selling price of home. (Do not include personal property items that you sold with your home.)	4	75,000	-
5	Expense of sale. (Include sales commissions, advertising, legal, etc.)	5	4,000	-
6	Amount realized. Subtract line 5 from line 4	6	71,000	-
7	Basis of home sold. (See Instructions.)	7	40,000	-
8a	**Gain on Sale.** Subtract line 7 from line 6	8a	31,000	-

- If zero or less, stop here and attach the form to your return.

b If you haven't replaced your home, do you plan to do so within the replacement period (see Instructions)? (If "Yes," stop here, and see Instructions for additional filing requirements.) ☐ Yes ☒ No

Part III One-Time Exclusion of Gain for People Age 55 or Older *(If you are not taking the exclusion, go to Part IV now.)*

9a Were you 55 or older on date of sale? ☒ Yes ☐ No

b Was your spouse 55 or older on date of sale? (If both lines 9a and 9b are "No," go to Part IV now.) ☐ Yes ☐ No

c Did at least one spouse who answered "Yes" to line 9a or 9b own and use the property as their main home for a total of at least 3 years (except for short absences) of the 5-year period before the sale? (If "No," go to Part IV now.) ☒ Yes ☐ No

d **If line 9c is "Yes," do you elect to take the one-time exclusion?** *(If "No," go to Part IV now.)* ☒ Yes ☐ No

e At time of sale, who owned the home? ☒ You ☐ Your spouse ☐ Both of you

f Social security number of spouse at time of sale, if you had a different spouse from the one above at time of sale. (Enter "None" if you were not married at time of sale.) ▶

g **Exclusion.** Enter the **smaller** of line 8a or $125,000 ($62,500, if married filing separate return) 9g 31,000

Part IV Adjusted Sales Price, Taxable Gain and Adjusted Basis of New Home

10	If line 9g is blank, enter the amount from line 8a. Otherwise, subtract line 9g from line 8a	10	
	• If zero, stop here and attach the form to your return. • If you answered "Yes" on line 2, go to line 11 now. • If you are reporting the sale on the installment method, stop here and see line 1b Instructions. • Otherwise, stop here and enter this amount on Schedule D, line 3 or line 10.		
11	Fixing-up expenses. (See Instructions for time limits.)	11	
12	**Adjusted Sales Price.** Subtract line 11 from line 6	12	
13a	Date you moved into new home (month, day, year) ▶ / / **b** Cost of new home	13b	
14a	Add the amount on line 9g, if any, and the amount on line 13b and enter the result	14a	
b	Subtract line 14a from line 12. If zero or less, enter -0-	14b	
c	**Taxable gain.** Enter the smaller of line 10 or line 14b	14c	
	• If zero, do not enter on Schedule D, but go to lines 15 and 16 now and attach to your return. • If you are reporting the sale on the installment method, see line 1b Instructions and go to line 15. • Otherwise, enter this amount on Schedule D, line 3 or line 10 and complete lines 15 and 16.		
15	Postponed gain. Subtract line 14c from line 10	15	
16	**Adjusted basis of new home.** Subtract line 15 from line 13b	16	

Sign Here Only If You Are Filing This Form by Itself and Not with Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature ▶ Date

Spouse's Signature ▶ Date

(If joint return, both must sign.)

For Paperwork Reduction Act Notice, see separate Instructions.

Form **2119** (1990)

Form
1040A

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **1990**

PROOF COPY

OMB No. 1545-0085

Step 1
Label
(See page 14.)
Use IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial: Samuel A.
Last name: Higgins
Your social security no.: 000 00 2222

If a joint return, spouse's first name and initial: Georgia B.
Last name: Higgins
Spouse's social security no.: 000 00 3333

Home address (number and street). (If you have a P.O. box, see page 15.): 1988 America Ave
Apt. no.

City, town, or post office, state and ZIP code. (If you have a foreign address, see page 15.): Minneapolis MN 55001

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Presidential Election Campaign Fund (see page 15)
Do you want $1 to go to this fund? ☒ Yes ☐ No
If joint return, does your spouse want $1 to go to this fund? ☒ Yes ☐ No

Note: *Checking "Yes" will not change your tax or reduce your refund.*

Step 2
Check your filing status
(Check only one.)

1 ☐ Single. (See page 16 to find out if you can file as head of household.)
2 ☒ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security number above and spouse's full name here ▶ ______
4 ☐ Head of household (with qualifying person). (See page 16.) If the qualifying person is your child but not your dependent, enter this child's name here ▶ ______
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19____). (See page 17.)

Step 3
Figure your exemptions
(See page 17.)

6a ☒ **Yourself** If someone else (such as your parent) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 18b on page 2.
6b ☒ **Spouse**

No. of boxes checked on 6a and 6b: 2

c **Dependents:**

1. Name (first, initial, and last name)	2. Check if under age 2	3. If age 2 or older, dependent's social security number	4. Relationship	5. No. of months lived in your home in 1990

If more than 7 dependents, see page 20.

No. of your children on 6c who:
- lived with you ____
- didn't live with you due to divorce or separation (see page 20) ____

No. of other dependents listed on 6c ____

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed.

Add numbers entered on lines above: 2

Step 4
Figure your total income

Attach Copy B of your Forms W-2 and W-2P here.

Attach check or money order on top of any Forms W-2 or W-2P.

7	Wages, salaries, tips, etc. This should be shown in Box 10 of your W-2 form(s). (Attach Form(s) W-2.)	7	
8a	**Taxable** interest income (see page 23). (If over $400, also complete and attach Schedule 1, Part I.)	8a	345 –
b	**Tax-exempt** interest. (DO NOT include on line 8a.) 8b		
9	Dividends. (If over $400, also complete and attach Schedule 1, Part II.)	9	
10a	Total IRA distributions. 10a ____ **10b** Taxable amount (see page 24).	10b	
11a	Total pensions and annuities. 11a 12,600 **11b** Taxable amount (see page 24).	11b	11 412 –
12	Unemployment compensation (insurance) from Form(s) 1099-G.	12	
13a	Social security benefits. 13a ____ **13b** Taxable amount (see page 27).	13b	
14	Add lines 7 through 13b (far right column). This is your **total income.**	▶ 14	11,757 –

Step 5
Figure your adjusted gross income

15a	Your IRA deduction from applicable worksheet. 15a		
b	Spouse's IRA deduction from applicable worksheet. **Note:** *Rules for IRAs begin on page 29.* 15b		
c	Add lines 15a and 15b. These are your **total adjustments.**	15c	
16	Subtract line 15c from line 14. This is your **adjusted gross income.** (If less than $20,264, see "Earned income credit" on page 39.)	▶ 16	11,757 –

1990 **Form 1040A** PROOF COPY Page 2

Step 6	**17**	Enter the amount from line 16.	17	11 757 -
	18a	Check if: ☒ You were 65 or older ☐ Blind ☒ Spouse was 65 or older ☐ Blind **Enter number of boxes checked** ▶ 18a 2		
Figure your standard deduction,	**b**	If someone else (such as your parent) can claim you as a dependent, check here ▶ 18b ☐		
	c	If you are married filing separately and your spouse files Form 1040 and itemizes deductions, see page 33 and check here ▶ 18c ☐		
	19	**Enter your standard deduction. See page 34 for the chart (or worksheet) that applies to you. Be sure to enter your standard deduction here.**	19	6750 -
exemption amount, and	**20**	Subtract line 19 from line 17. (If line 19 is more than line 17, enter -0-.)	20	5007 -
	21	Multiply $2,050 by the total number of exemptions claimed on line 6e.	21	4100 -
taxable income	**22**	Subtract line 21 from line 20. (If line 21 is more than line 20, enter -0-.) This is your **taxable income**.	▶ 22	907 -
Step 7	**23**	Find the tax on the amount on line 22. Check if from: ☑ Tax Table (pages 48–53) or ☐ Form 8615 (see page 36)	23	137 -
Figure your tax, credits, and payments	**24a**	Credit for child and dependent care expenses. Complete and attach Schedule 2. 24a		
	b	Credit for the elderly or the disabled. Complete and attach Schedule 3. 24b		
	c	Add lines 24a and 24b. These are your **total credits.**	24c	-
(If you want IRS to figure your tax, see page 35.)	**25**	Subtract line 24c from line 23. (If line 24c is more than line 23, enter -0-.)	25	137 -
	26	Advance earned income credit payments from Form W-2.	26	-
	27	Add lines 25 and 26. This is your **total tax.**	▶ 27	137 -
	28a	Total Federal income tax withheld. (If any is from Form(s) 1099, check here ▶ ☐ .) 28a		
	b	1990 estimated tax payments and amount applied from 1989 return. 28b		
	c	**Earned income credit**. See page 39 to find out if you can take this credit. 28c		
	d	Add lines 28a, 28b, and 28c. These are your **total payments**.	▶ 28d	0
Step 8	**29**	If line 28d is more than line 27, subtract line 27 from line 28d. This is the amount you **overpaid**.	29	
Figure your refund or amount you owe	**30**	Amount of line 29 you **want refunded to you.**	30	
	31	Amount of line 29 you **want applied to your 1991 estimated tax.** 31		
Attach check or money order on top of Form(s) W-2, etc. on page 1.	**32**	If line 27 is more than line 28d, subtract line 28d from line 27. This is the **amount you owe**. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040A" on it.	32	137 -
	33	Estimated tax penalty. (see page 43). 33		

Step 9
Sign your return

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

▶ Your signature	Date	Your occupation
▶ Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation

Paid preparer's use only

Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's social security no.
Firm's name (or yours if self-employed) and address ▶		E.I. No.	
		ZIP code	

PROOF COPY

Social security benefits worksheet (keep for your records)

Note: *If married filing a separate return and you did not live with your spouse at any time in 1990, write "D" in the space to the left of line 13a.*

1. Enter the amount from Box 5 of all your Forms SSA-1099 or Forms RRB-1099. 11 760

Note: *If the amount on line 1 is zero or less, stop here; none of your benefits are taxable. Otherwise, go to line 2.*

2. Divide the amount on line 1 above by 2. Enter the result. 5 880

3. Add the amounts on Form 1040A, lines 7, 8a, 8b, 9, 10b, 11b and 12. Do not include here any amounts from Box 5 of Form(s) SSA-1099 or RRB-1099. 11 757

4. Add lines 2 and 3. Enter the total. 17 637

5. Enter the amount, if any, from Form 1040A, line 15c.

6. Subtract line 5 from line 4. Enter the result. 17637

7. Enter on line 7 the amount shown below for your filing status:

- Single, head of household, or qualifying widow(er) with dependent child, enter $25,000
- Married filing a joint return, enter $32,000
- Married filing a separate return, enter $-0- ($25,000 if you did not live with your spouse at any time in 1990)

32 000

8. Subtract line 7 from line 6. Enter the result, but not less than zero.

Note: *If line 8 is zero, stop here. None of your benefits are taxable. Do not enter any amounts on lines 13a or 13b. But if you are married filing a separate return and you did* **not** *live with your spouse at any time in 1990, enter -0- on line 13b. Be sure you wrote "D" to the left of line 13a. If line 8 is more than zero, go to line 9.*

9. Divide the amount on line 8 above by 2. Enter the result.

10. Taxable social security benefits.

- First, enter on Form 1040A, line 13a, the amount from line 1 above.
- Then, compare the amounts on lines 2 and 9 above. Enter the **smaller** of the two amounts here and on Form 1040A, line 13b.

Note: *If part of your benefits are taxable for 1990 and they include benefits paid in 1990 that were for a prior year, you may be able to reduce the taxable amount shown on the worksheet. Get Pub. 915 for details.*

Retest, Part II

Form **1040A**

Department of the Treasury – Internal Revenue Service
U.S. Individual Income Tax Return **1990**

PROOF COPY

OMB No. 1545-0085

Step 1
Label
(See page 14.)
Use IRS label. Otherwise, please print or type

LABEL HERE

Your first name and initial: Pamela G. Last name: York
If a joint return, spouse's first name and initial: Last name:
Home address (number and street) (If you have a P.O. box, see page 15.): 1400 West Broad St. Apt. no.
City, town or post office, state and ZIP code (If you have a foreign address, see page 15.): Chicago IL

Your social security no.: 000 00 0000
Spouse's social security no.:

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Presidential Election Campaign Fund (see page 15)
Do you want $1 to go to this fund? ☒ Yes ☐ No
If joint return, does your spouse want $1 to go to this fund? ☐ Yes ☐ No

Note: *Checking "Yes" will not change your tax or reduce your refund*

Step 2
Check your filing status
(Check only one.)

1 ☒ Single. (See page 16 to find out if you can file as head of household.)
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security number above and spouse's full name here ▶ ____
4 ☐ Head of household (with qualifying person). (See page 16.) If the qualifying person is your child but not your dependent, enter this child's name here ▶ ____
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19 ____). (See page 17.)

Step 3
Figure your exemptions
(See page 17.)

6a ☒ **Yourself** If someone else (such as your parent) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 18b on page 2.
6b ☐ **Spouse**

No. of boxes checked on 6a and 6b: 1

c **Dependents:**

1. Name (first, initial, and last name)	2. Check if under age 2	3. If age 2 or older, dependent's social security number	4. Relationship	5. No. of months lived in your home in 1990
Claim A. York		000 00 4567	daughter	12
Sam A. York		000 00 6780	son	12

If more than 7 dependents, see page 20.

No. of your children on 6c who:
- lived with you: 2
- didn't live with you due to divorce or separation (see page 20) ____

No. of other dependents listed on 6c ____

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed.

Add numbers entered on lines above: 3

Step 4
Figure your total income

Attach Copy B of your Forms W-2 and W-2P here

Attach check or money order on top of any Forms W-2 or W-2P.

7 Wages, salaries, tips, etc. This should be shown in Box 10 of your W-2 form(s). (Attach Form(s) W-2.) 7 19,840 00
8a **Taxable** interest income (see page 23). (If over $400, also complete and attach Schedule 1, Part I.) 8a
b **Tax-exempt** interest. (DO NOT include on line 8a.) 8b
9 Dividends. (If over $400, also complete and attach Schedule 1, Part II.) 9
10a Total IRA distributions. 10a 10b Taxable amount (see page 24). 10b
11a Total pensions and annuities. 11a 11b Taxable amount (see page 24). 11b
12 Unemployment compensation (insurance) from Form(s) 1099-G. 12
13a Social security benefits. 13a 13b Taxable amount (see page 27). 13b
14 Add lines 7 through 13b (far right column). This is your **total income**. ▶ 14 19,840 00

Step 5
Figure your adjusted gross income

15a Your IRA deduction from applicable worksheet. 15a
b Spouse's IRA deduction from applicable worksheet. 15b
Note: *Rules for IRAs begin on page 29.*
c Add lines 15a and 15b. These are your **total adjustments**. 15c
16 Subtract line 15c from line 14. This is your **adjusted gross income**. (If less than $20,264, see "Earned income credit" on page 39.) ▶ 16 19,840 00

1990 **Form 1040A** PROOF COPY Page 2

Step 6

Figure your standard deduction, exemption amount, and taxable income

Line				Line	Amount	
17	Enter the amount from line 16.			17	19,840	00
18a	Check if: ☐ You were 65 or older ☐ Blind ☐ Spouse was 65 or older ☐ Blind **Enter number of boxes checked** ▶ 18a ☐					
b	If someone else (such as your parent) can claim you as a dependent, check here ▶ 18b ☐					
c	If you are married filing separately and your spouse files Form 1040 and itemizes deductions, see page 33 and check here ▶ 18c ☐					
19	**Enter your standard deduction. See page 34 for the chart (or worksheet) that applies to you. Be sure to enter your standard deduction here.**			19	3250	00
20	Subtract line 19 from line 17. (If line 19 is more than line 17, enter -0-.)			20	16590	00
21	Multiply $2,050 by the total number of exemptions claimed on line 6e.			21	6150	00
22	Subtract line 21 from line 20. (If line 21 is more than line 20, enter -0-.) This is your **taxable income**.			▶ 22	10440	00

Step 7

Figure your tax, credits, and payments

(If you want IRS to figure your tax, see page 35.)

Line				Line	Amount	
23	Find the tax on the amount on line 22. Check if from: ☑ Tax Table (pages 48–53) or ☐ Form 8615 (see page 36)			23	1564	00
24a	Credit for child and dependent care expenses. Complete and attach Schedule 2.	24a				
b	Credit for the elderly or the disabled. Complete and attach Schedule 3.	24b				
c	Add lines 24a and 24b. These are your **total credits.**			24c		
25	Subtract line 24c from line 23. (If line 24c is more than line 23, enter -0-.)			25	1564	00
26	Advance earned income credit payments from Form W-2.			26		
27	Add lines 25 and 26. This is your **total tax.**			▶ 27	1564	00
28a	Total Federal income tax withheld. (If any is from Form(s) 1099, check here ▶ ☐.)	28a	2460			
b	1990 estimated tax payments and amount applied from 1989 return.	28b				
c	**Earned income credit.** See page 39 to find out if you can take this credit.	28c				
d	Add lines 28a, 28b, and 28c. These are your **total payments.**			▶ 28d	2460	

Step 8

Figure your refund or amount you owe

Attach check or money order on top of Form(s) W-2, etc. on page 1.

Line				Line	Amount	
29	If line 28d is more than line 27, subtract line 27 from line 28d. This is the amount you **overpaid.**			29	896	
30	Amount of line 29 you want **refunded to you.**			30	896	
31	Amount of line 29 you want **applied to your 1991 estimated tax.**	31				
32	If line 27 is more than line 28d, subtract line 28d from line 27. This is the **amount you owe**. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040A" on it.			32		
33	Estimated tax penalty. (see page 43).	33				

Step 9

Sign your return

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature | Date | Your occupation

Spouse's signature (if joint return, BOTH must sign) | Date | Spouse's occupation

Paid preparer's use only

Preparer's signature | Date | Check if self-employed ☐ | Preparer's social security no.

Firm's name (or yours if self-employed) and address | E.I. No. | ZIP code

Does Not Qualify

PROOF COPY

Earned Income Credit Worksheet (keep for your records)

If your filing status is single or married filing separately, you cannot take the credit. Do not complete this worksheet.

1. Enter the amount from Form 1040A, line 7. Include scholarship or fellowship income only if you received a W-2 form for it.
2. Enter your total nontaxable earned income. Also write "NEI" to the left of the line 28c entry space on Form 1040A. Do this even if you cannot take the credit.
3. Add lines 1 and 2. If this amount is $20,264 or more, stop here. You may not take the credit.
4. Enter the amount from Form 1040A, line 17. If this amount is $20,264 or more, stop here. You may **not** take the credit.
5. If line 4 is **less than $10,750,** use the amount on line 3 to find the credit in the table that begins on page 54. Enter the credit here and on Form 1040A, line 28c.
6. If line 4 is **at least $10,750:**
   - **a.** First, use the amount on line 3 to find the credit in the table that begins on page 54. Enter that amount here.
   - **b.** Then, use the amount on line 4 to find the credit in the table. Enter that amount here.
   - **c.** Compare lines **a** and **b** above. Enter the **smaller** of the two amounts here. Also enter this amount on Form 1040A, line 28c.

2. Gayle Somerset/Amanda Martin

Form **1040A**

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return **1990**

PROOF COPY

OMB No. 1545-0085

Step 1
Label
(See page 14.)
Use IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial: Gayle A. Last name: Somerset
If a joint return, spouse's first name and initial: Last name:
Home address (number and street). (If you have a P.O. box, see page 15.): 520 Amanda Drive Apt. no.
City, town or post office, state and ZIP code. (If you have a foreign address, see page 15.): Des Moines IA 50311

Your social security no. 000 00 4328
Spouse's social security no.

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Presidential Election Campaign Fund (see page 15)
Do you want $1 to go to this fund? ☐ Yes ☒ No
If joint return, does your spouse want $1 to go to this fund? ☐ Yes ☐ No

Note: *Checking "Yes" will not change your tax or reduce your refund*

Step 2
Check your filing status
(Check only one.)

1 ☐ Single. (See page 16 to find out if you can file as head of household.)
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security number above and spouse's full name here ▶ ____
4 ☒ Head of household (with qualifying person). (See page 16.) If the qualifying person is your child but not your dependent, enter this child's name here ▶ ____
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19 ____). (See page 17.)

Step 3
Figure your exemptions
(See page 17.)

6a ☒ **Yourself** If someone else (such as your parent) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 18b on page 2.
6b ☐ **Spouse**

No. of boxes checked on 6a and 6b: 1

If more than 7 dependents, see page 20

c Dependents: 1. Name (first, initial, and last name)	2. Check if under age 2	3. If age 2 or older, dependent's social security number	4. Relationship	5. No. of months lived in your home in 1990
Beth A. Somerset		000 00 8344	Daughter	12

No. of your children on 6c who:
- lived with you: 1
- didn't live with you due to divorce or separation (see page 20): ____

No. of other dependents listed on 6c: ____

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed.

Add numbers entered on lines above: 2

Step 4
Figure your total income

Attach Copy B of your Forms W-2 and W-2P here.

Attach check or money order on top of any Forms W-2 or W-2P

7 Wages, salaries, tips, etc. This should be shown in Box 10 of your W-2 form(s). (Attach Form(s) W-2.) 7 17225 00
8a **Taxable** interest income (see page 23). (If over $400, also complete and attach Schedule 1, Part I.) 8a 406 00
b **Tax-exempt** interest. (DO NOT include on line 8a.) 8b
9 Dividends. (If over $400, also complete and attach Schedule 1, Part II.) 9
10a Total IRA distributions. 10a
10b Taxable amount (see page 24). 10b
11a Total pensions and annuities. 11a
11b Taxable amount (see page 24). 11b
12 Unemployment compensation (insurance) from Form(s) 1099-G. 12
13a Social security benefits. 13a
13b Taxable amount (see page 27). 13b
14 Add lines 7 through 13b (far right column). This is your **total income.** ▶ 14 17631 00

Step 5
Figure your adjusted gross income

15a Your IRA deduction from applicable worksheet. 15a
b Spouse's IRA deduction from applicable worksheet. **Note:** *Rules for IRAs begin on page 29.* 15b
c Add lines 15a and 15b. These are your **total adjustments.** 15c
16 Subtract line 15c from line 14. This is your **adjusted gross income.** (If less than $20,264, see "Earned income credit" on page 39.) ▶ 16 17631 00

1990 **Form 1040A**

PROOF COPY

	Line					Amount
Step 6	**17**	Enter the amount from line 16.			17	17631 00
	18a	Check if: ☐ **You** were 65 or older ☐ Blind; ☐ **Spouse** was 65 or older ☐ Blind. **Enter number of boxes checked** ▶ 18a ☐				
Figure your standard deduction,	**b**	If someone else (such as your parent) can claim you as a dependent, check here ▶ 18b ☐				
	c	If you are married filing separately and your spouse files Form 1040 and itemizes deductions, see page 33 and check here ▶ 18c ☐				
	19	**Enter your standard deduction. See page 34 for the chart (or worksheet) that applies to you. Be sure to enter your standard deduction here.**			19	4750 00
exemption amount, and	**20**	Subtract line 19 from line 17. (If line 19 is more than line 17, enter -0-.)			20	12881 00
	21	Multiply $2,050 by the total number of exemptions claimed on line 6e.			21	4100 00
taxable income	**22**	Subtract line 21 from line 20. (If line 21 is more than line 20, enter -0-.) This is your **taxable income**.			▶ 22	8781 00
Step 7	**23**	Find the tax on the amount on line 22. Check if from: ☑ Tax Table (pages 48–53) or ☐ Form 8615 (see page 36)			23	1316 00
Figure your tax, credits, and payments	**24a**	Credit for child and dependent care expenses. Complete and attach Schedule 2.	24a	156 -		
	b	Credit for the elderly or the disabled. Complete and attach Schedule 3.	24b			
	c	Add lines 24a and 24b. These are your **total credits.**			24c	156 -
(If you want IRS to figure your tax, see page 35.)	**25**	Subtract line 24c from line 23. (If line 24c is more than line 23, enter -0-.)			25	1160 -
	26	Advance earned income credit payments from Form W-2.			26	
	27	Add lines 25 and 26. This is your **total tax.**			▶ 27	1160 -
	28a	Total Federal income tax withheld. (If any is from Form(s) 1099, check here ▶ ☐.)	28a	1852 00		
	b	1990 estimated tax payments and amount applied from 1989 return.	28b			
	c	**Earned income credit.** See page 39 to find out if you can take this credit.	28c	263 00		
	d	Add lines 28a, 28b, and 28c. These are your **total payments**.			▶ 28d	2115 00
Step 8	**29**	If line 28d is more than line 27, subtract line 27 from line 28d. This is the amount you **overpaid.**			29	955 00
Figure your refund or amount you owe	**30**	Amount of line 29 you want **refunded to you.**			30	955 00
	31	Amount of line 29 you want **applied to your 1991 estimated tax.**	31			
Attach check or money order on top of Form(s) W-2, etc. on page 1.	**32**	If line 27 is more than line 28d, subtract line 28d from line 27. This is the **amount you owe.** Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040A" on it.			32	
	33	Estimated tax penalty. (see page 43).	33			

Step 9

Sign your return

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation
Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation

Paid preparer's use only

Preparer's signature	Date	Check if self-employed ☐	Preparer's social security no.
Firm's name (or yours if self-employed) and address		E.I. No.	
		ZIP code	

Schedule 1
(Form 1040A)

Department of the Treasury—Internal Revenue Service

Interest and Dividend Income for Form 1040A Filers

1990

PROOF COPY

OMB No. 1545-0085

Name(s) shown on Form 1040A: Gayle A. Somerset

Your social security number: 000 00 4328

Part I

Interest Income

(See pages 23 and 45.)

Complete this part and attach Schedule 1 to Form 1040A if you received over $400 in taxable interest or are claiming the exclusion of interest from Series EE U.S. savings bonds issued after 1989.

If you are claiming the exclusion or you received, as a nominee, interest that actually belongs to another person, see page 45.

Note: *If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, enter the firm's name and the total interest shown on that form.*

		Amount	
1 List name of payer	1		
Washington Federal Bank		406	00
2 Add the amounts on line 1.	2	406	00
3 Enter the excludable savings bond interest, if any, from Form 8815, line 14. Attach Form 8815 to Form 1040A.	3		
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, line 8a.	4	406	00

Part II

Dividend Income

(See pages 24 and 45.)

Complete this part and attach Schedule 1 to Form 1040A if you received over $400 in dividends.

If you received, as a nominee, dividends that actually belong to another person, see page 45.

Note: *If you received a Form 1099-DIV or substitute statement from a brokerage firm, enter the firm's name and the total dividends shown on that form.*

		Amount	
5 List name of payer	5		
6 Add amounts on line 5. Enter the total here and on Form 1040A, line 9.	6		

For Paperwork Reduction Act Notice, see the Form 1040A instructions.

Schedule 1 (Form 1040A) 1990

Schedule 2
(Form 1040A)

Department of the Treasury—Internal Revenue Service

Child and Dependent Care Expenses for Form 1040A Filers

1990 PROOF COPY OMB 1545-0085

Name(s) shown on Form 1040A: Gayle A Somerset

Your social security number: 000 : 00 : 4328

- If you are claiming the child and dependent care credit, complete Parts I and II below. But if you received employer-provided dependent care benefits, first complete Part III on the back.
- If you are not claiming the credit but you received employer-provided dependent care benefits, only complete Part I, below, and Part III on the back.

Part I

Persons or organizations who provided the care

You MUST complete this part. (See page 46.)

1

a. Name	b. Address (number, street, city, state, and ZIP code)	c. Identification number (SSN or EIN)	d. Amount paid (see instructions)	
Audreys Day Care Center	319 Bates Drive Des Moines IA 50311	10-9417319	600	-

(If you need more space, attach schedule.)

2 Add the amounts in column d of line 1 and enter the total. 2 600 -

Note: *If you paid cash wages of $50 or more in a calendar quarter to an individual for services performed in your home, you must file an employment tax return. Get* **Form 942** *for details.*

Part II

Credit for child and dependent care expenses

3 Enter the number of qualifying persons who were cared for in 1990. You must have shared the same home with the qualifying person(s). (See page 46 for the definition of a qualifying person.) 3 1

4 Enter the amount of **qualified** expenses you incurred and actually paid in 1990. See page 47 to find out which expenses qualify. **Caution:** *If you completed Part III, DO NOT include on this line any excluded benefits shown on line 23.* 4 600 -

5 Enter $2,400 ($4,800 if you paid for the care of two or more qualifying persons). 5 2400 -

6 If you completed Part III, enter the **excluded benefits,** if any, from line 23. 6 -0 -

7 Subtract line 6 from line 5. If line 6 is equal to or more than line 5, STOP HERE; you cannot claim the credit. 7 2400 -

8 Compare the amounts on lines 4 and 7. Enter the **smaller** of the two amounts here. 8 600 -

9 You **must** enter your **earned income.** (See page 47 for the definition) of earned income. 9 17,225 -

10 If you are married filing a joint return, you **must** enter your spouse's earned income. (If spouse was a full-time student or disabled, see the instructions for the amount to enter.) 10

11 If you are married filing a joint return, compare the amounts on lines 9 and 10. Enter the **smaller** of the two amounts here. 11

12
- If you are married filing a joint return, compare the amounts on lines 8 and 11. Enter the **smaller** of the two amounts here.
- All others, compare the amounts on lines 8 and 9. Enter the **smaller** of the two amounts here. 12 600 -

13 Enter the decimal amount from the table below that applies to the amount on Form 1040A, line 17.

If line 17 is: Over—	But not over—	Decimal amount is:	If line 17 is: Over—	But not over—	Decimal amount is:
$0	10,000	.30	$20,000	22,000	.24
10,000	12,000	.29	22,000	24,000	.23
12,000	14,000	.28	24,000	26,000	.22
14,000	16,000	.27	26,000	28,000	.21
16,000	18,000	.26	28,000		.20
18,000	20,000	.25			

13 × 26

14 Multiply the amount on line 12 by the decimal amount on line 13. Enter the result here and on Form 1040A, line 24a. 14 = 156 00

For Paperwork Reduction Act Notice, see the Form 1040A instructions.

Schedule 2 (Form 1040A) 1990

Schedule 2 (Form 1040A) 1990 PROOF COPY Page 2

Part III

Employer-provided dependent care benefits

Complete this part only if you received employer-provided dependent care benefits. Also, be sure to complete Part I.

15	Enter the total amount of employer-provided dependent care benefits you received for 1990. (This amount should be separately shown in Box 15 of your W-2 form(s).) DO NOT include amounts that were reported to you as wages in Box 10 of Form(s) W-2.	15	
16	Enter the amount forfeited, if any. (See the instructions.)	16	
17	Subtract line 16 from line 15.	17	
18	Enter the total amount of **qualified** expenses incurred in 1990 for the care of a qualifying person. (See page 47.)	18	
19	Compare the amounts on lines 17 and 18. Enter the **smaller** of the two amounts here.	19	
20	You **must** enter your **earned income.** (See the instructions for lines 9 and 10 for the definition of earned income.)	20	
21	If you were married at the end of 1990, you **must** enter your spouse's earned income. (If your spouse was a full-time student or disabled, see the instructions for lines 9 and 10 for the amount to enter.)	21	
22	● If you were married at the end of 1990, compare the amounts on lines 20 and 21. Enter the **smaller** of the two amounts here. ● If you were unmarried, enter the amount from line 20 here.	22	
23	**Excluded benefits.** Enter here the **smallest** of the following: ● The amount from line 19, or ● The amount from line 22, or ● $5,000 ($2,500 if married filing a separate return).	23	
24	**Taxable benefits.** Subtract line 23 from line 17. Enter the result. (If line 23 is more than line 17, enter -0-.) Also, include this amount in the total on Form 1040A, line 7. In the space to the left of line 7, write "DCB."	24	

Note: *If you are also claiming the child and dependent care credit, fill in Form 1040A through line 23. Then complete Part II of this schedule.*

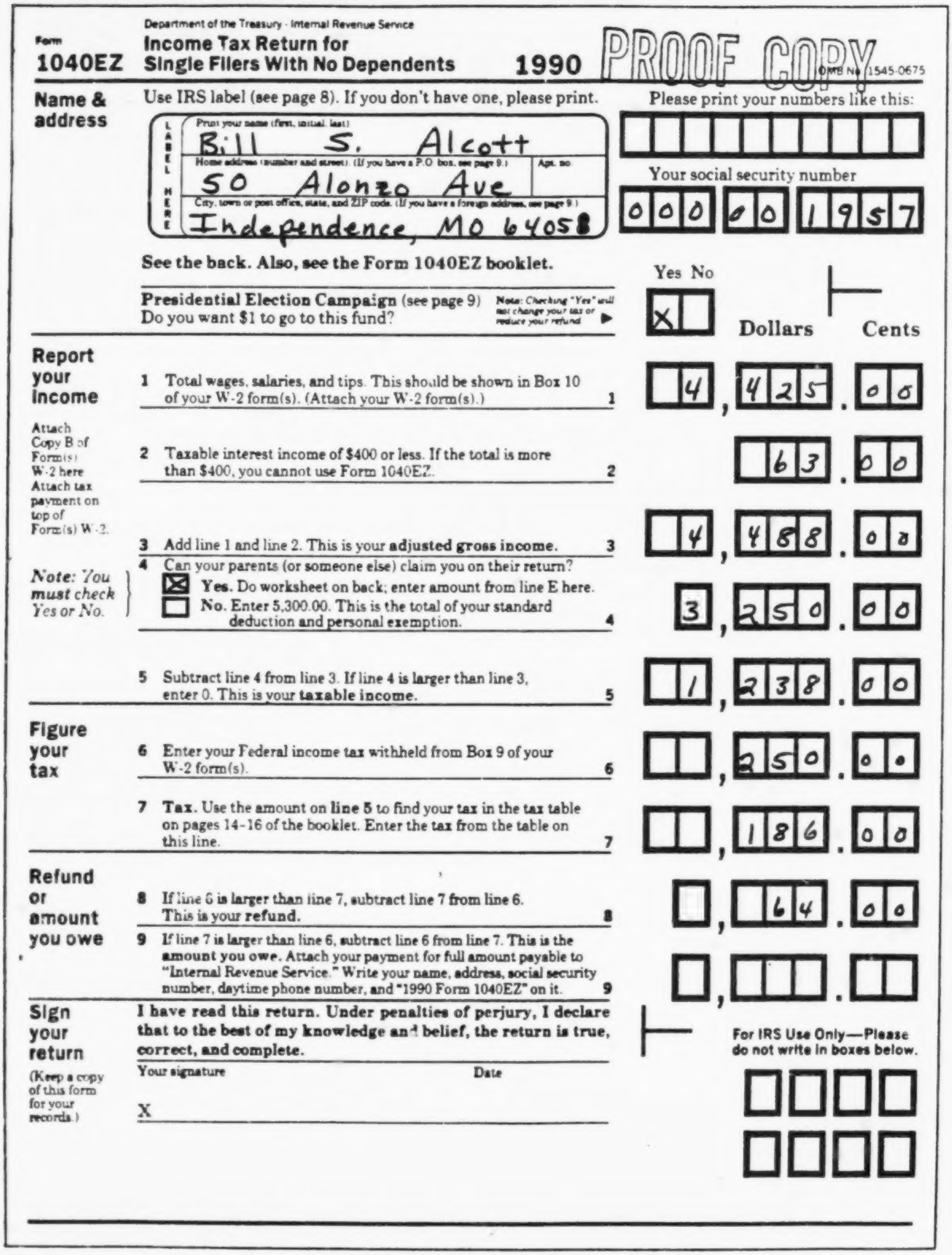
PROOF COPY

Earned Income Credit Worksheet (keep for your records)

If your filing status is single or married filing separately, you cannot take the credit. Do not complete this worksheet.

1. Enter the amount from Form 1040A, line 7. Include scholarship or fellowship income only if you received a W-2 form for it. 17 225
2. Enter your total nontaxable earned income. Also write "NEI" to the left of the line 28c entry space on Form 1040A. Do this even if you cannot take the credit.
3. Add lines 1 and 2. If this amount is $20,264 or more, stop here. You may not take the credit. 17225
4. Enter the amount from Form 1040A, line 17. If this amount is $20,264 or more, stop here. You may **not** take the credit. 17 631
5. If line 4 is **less than $10,750,** use the amount on line 3 to find the credit in the table that begins on page 54. Enter the credit here and on Form 1040A, line 28c.
6. If line 4 is **at least $10,750:**
   - **a.** First, use the amount on line 3 to find the credit in the table that begins on page 54. Enter that amount here. 303
   - **b.** Then, use the amount on line 4 to find the credit in the table. Enter that amount here. 263
   - **c.** Compare lines **a** and **b** above. Enter the **smaller** of the two amounts here. Also enter this amount on Form 1040A, line 28c. 263

3. Bill Alcott/Jane Winchester



Form **1040EZ**

Department of the Treasury · Internal Revenue Service

Income Tax Return for Single Filers With No Dependents **1990**

PROOF COPY

OMB No. 1545-0675

Name & address

Use IRS label (see page 8). If you don't have one, please print.

LABEL HERE

Print your name (first, initial, last): Bill S. Alcott

Home address (number and street). (If you have a P.O. box, see page 9.): 50 Alonzo Ave

Apt. no.

City, town or post office, state, and ZIP code. (If you have a foreign address, see page 9.): Independence, MO 64058

Please print your numbers like this:

Your social security number: 000 00 1957

See the back. Also, see the Form 1040EZ booklet.

Presidential Election Campaign (see page 9) Do you want $1 to go to this fund?

Note: Checking "Yes" will not change your tax or reduce your refund ▶

Yes ☒ No ☐

		Dollars	Cents
Report your income Attach Copy B of Form(s) W-2 here. Attach tax payment on top of Form(s) W-2.	1 Total wages, salaries, and tips. This should be shown in Box 10 of your W-2 form(s). (Attach your W-2 form(s).) 1	4,425	00
	2 Taxable interest income of $400 or less. If the total is more than $400, you cannot use Form 1040EZ. 2	63	00
	3 Add line 1 and line 2. This is your **adjusted gross income.** 3	4,488	00
Note: You must check Yes or No.	4 Can your parents (or someone else) claim you on their return? ☒ **Yes.** Do worksheet on back; enter amount from line E here. ☐ **No.** Enter 5,300.00. This is the total of your standard deduction and personal exemption. 4	3,250	00
	5 Subtract line 4 from line 3. If line 4 is larger than line 3, enter 0. This is your **taxable income.** 5	1,238	00
Figure your tax	6 Enter your Federal income tax withheld from Box 9 of your W-2 form(s). 6	250	00
	7 **Tax.** Use the amount on **line 5** to find your tax in the tax table on pages 14-16 of the booklet. Enter the tax from the table on this line. 7	186	00
Refund or amount you owe	8 If line 6 is larger than line 7, subtract line 7 from line 6. This is your **refund.** 8	64	00
	9 If line 7 is larger than line 6, subtract line 6 from line 7. This is the **amount you owe.** Attach your payment for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1990 Form 1040EZ" on it. 9	,	.

Sign your return

(Keep a copy of this form for your records.)

I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

Your signature X

Date

For IRS Use Only—Please do not write in boxes below.

1990 Instructions for Form 1040EZ

PROOF COPY

Use this form if

- Your filing status is single.
- You do not claim any dependents.
- You were under 65 and not blind at the end of 1990.
- Your taxable income (line 5) is less than $50,000.
- You had **only** wages, salaries, tips, and taxable scholarships or fellowships, and your taxable interest income was $400 or less. ***Caution:*** *If you earned tips (including allocated tips) that are not included in Box 13 of your W-2, you may not be able to use Form 1040EZ. See page 10 in the booklet.*

If you are not sure about your filing status or dependents, see page 4 in the booklet.

If you can't use this form, see Tele-Tax *(topic no. 152)* on page 23 in the booklet.

Completing your return

Please print your numbers inside the boxes. Do not type your numbers. Do not use dollar signs.

Most people can fill out the form simply by following the instructions on the front. But you will have to use the booklet if you received a scholarship or fellowship or tax-exempt interest (such as on municipal bonds). Also use the booklet if you received a 1099-INT showing income tax withheld (backup withholding) or if you had two or more employers and your total wages were more than $51,300.

Remember, you must report your wages, salaries, and tips even if you don't get a W-2 form from your employer. You must also report all your taxable interest income from savings accounts at banks, savings and loans, credit unions, etc., even if you don't get a Form 1099-INT.

Standard deduction worksheet for dependents who checked "Yes" on line 4.

If you checked "Yes" because someone can claim you as a dependent, fill in this worksheet to figure the amount to enter on line 4.

A. Enter the amount from line 1 on front. **A.** 4425

B. Minimum amount. **B.** 500.00

C. **Compare** the amounts on lines A and B above. Enter the LARGER of the two amounts here. **C.** 4425

D. Maximum amount. **D.** 3,250.00

E. **Compare** the amounts on lines C and D above. Enter the SMALLER of the two amounts here and on line 4 on front. **E.** 3250

If you checked "No" because no one can claim you as a dependent, enter 5,300.00 on line 4. This is the total of your standard deduction (3,250.00) and personal exemption (2,050.00).

Avoid common mistakes

This checklist is to help you make sure that your form is filled out correctly.

1. Are your name and address correct on the label? If not, did you correct the label?
2. Is your social security number correct?
3. Did you attach your W-2 form(s) to the left margin of your return?
4. Did you add and subtract correctly?
5. If someone (such as your parent) can claim you as a dependent on his or her tax return, did you check the "Yes" box on line 4 and fill out the worksheet above?
6. Did you enter an amount on line 4?
7. Did you use the amount from **line 5** to find your tax in the tax table?
8. Did you sign and date your return? If you paid someone to prepare your return, did that person sign it and show other information? See page 13 in the booklet.

Mailing your return

Mail your return by **April 15, 1991.** Use the envelope that came with your booklet. If you don't have that envelope, see page 17 in the booklet for the address to use.

4. Kristine Edwards/Brian Jones

Form **1040EZ**

Department of the Treasury - Internal Revenue Service

Income Tax Return for Single Filers With No Dependents **1990**

PROOF COPY

OMB No. 1545-0675

Name & address

Use IRS label (see page 8). If you don't have one, please print.

LABEL HERE

Print your name (first, initial, last)
Kristine K. Edwards
Home address (number and street). (If you have a P.O. box, see page 9.) Apt. no.
600 West 1st St.
City, town or post office, state, and ZIP code. (If you have a foreign address, see page 9.)
Atlanta GA 30303

Please print your numbers like this:

Your social security number
000 00 0022

See the back. Also, see the Form 1040EZ booklet.

Presidential Election Campaign (see page 9) Do you want $1 to go to this fund? Note: Checking "Yes" will not change your tax or reduce your refund. ▶ Yes ☒ No ☐

		Dollars	Cents
Report your income	1 Total wages, salaries, and tips. This should be shown in Box 10 of your W-2 form(s). (Attach your W-2 form(s).) 1	7,902	00
Attach Copy B of Form(s) W-2 here. Attach tax payment on top of Form(s) W-2.	2 Taxable interest income of $400 or less. If the total is more than $400, you cannot use Form 1040EZ. 2	28	00
	3 Add line 1 and line 2. This is your **adjusted gross income.** 3	7,930	00
Note: You must check Yes or No.	4 Can your parents (or someone else) claim you on their return? ☐ **Yes.** Do worksheet on back; enter amount from line E here. ☒ **No.** Enter 5,300.00. This is the total of your standard deduction and personal exemption. 4	5,300	00
	5 Subtract line 4 from line 3. If line 4 is larger than line 3, enter 0. This is your **taxable income.** 5	2,630	00
Figure your tax	6 Enter your Federal income tax withheld from Box 9 of your W-2 form(s). 6	649	00
	7 **Tax.** Use the amount on **line 5** to find your tax in the tax table on pages 14-16 of the booklet. Enter the tax from the table on this line. 7	396	00
Refund or amount you owe	8 If line 6 is larger than line 7, subtract line 7 from line 6. This is your **refund.** 8	253	00
	9 If line 7 is larger than line 6, subtract line 6 from line 7. This is the **amount you owe.** Attach your payment for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1990 Form 1040EZ" on it. 9	,	.

Sign your return

(Keep a copy of this form for your records.)

I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

Your signature Date

X

For IRS Use Only—Please do not write in boxes below.

5. James Door/Susan Thomas

Form **1040A** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **1990**

PROOF COPY

OMB No. 1545-0085

Step 1
Label
(See page 14.)
Use IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial: James C. Last name: Door
If a joint return, spouse's first name and initial: Last name:
Home address (number and street). (If you have a P.O. box, see page 15.): 120 East Lane Apt. no.:
City, town or post office, state and ZIP code. (If you have a foreign address, see page 15.): Jefferson OH 45207

Your social security no.: 000 00 0017
Spouse's social security no.:

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Presidential Election Campaign Fund (see page 15)
Do you want $1 to go to this fund? ☒ Yes ☐ No
If joint return, does your spouse want $1 to go to this fund? ☐ Yes ☐ No
Note: *Checking "Yes" will not change your tax or reduce your refund.*

Step 2
Check your filing status
(Check only one.)

1 ☒ Single. (See page 16 to find out if you can file as head of household.)
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security number above and spouse's full name here ▶ ____
4 ☐ Head of household (with qualifying person). (See page 16.) If the qualifying person is your child but not your dependent, enter this child's name here ▶ ____
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19____). (See page 17.)

Step 3
Figure your exemptions
(See page 17.)

6a ☐ Yourself — If someone else (such as your parent) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 18b on page 2.
6b ☐ Spouse

No. of boxes checked on 6a and 6b: 0

c Dependents:

1. Name (first, initial, and last name)	2. Check if under age 2	3. If age 2 or older, dependent's social security number	4. Relationship	5. No. of months lived in your home in 1990

If more than 7 dependents, see page 20.

No. of your children on 6c who:
- lived with you ____
- didn't live with you due to divorce or separation (see page 20) ____

No. of other dependents listed on 6c ____

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed.

Add numbers entered on lines above: 0

Step 4
Figure your total income

Attach Copy B of your Forms W-2 and W-2P here.
Attach check or money order on top of any Forms W-2 or W-2P.

7	Wages, salaries, tips, etc. This should be shown in Box 10 of your W-2 form(s). (Attach Form(s) W-2.)	7	2,800 00
8a	**Taxable** interest income (see page 23). (If over $400, also complete and attach Schedule 1, Part I.)	8a	442 00
b	**Tax-exempt** interest. (DO NOT include on line 8a.) 8b		
9	Dividends. (If over $400, also complete and attach Schedule 1, Part II.)	9	
10a	Total IRA distributions 10a — 10b Taxable amount (see page 24)	10b	
11a	Total pensions and annuities 11a — 11b Taxable amount (see page 24)	11b	
12	Unemployment compensation (insurance) from Form(s) 1099-G	12	
13a	Social security benefits 13a — 13b Taxable amount (see page 27)	13b	
14	Add lines 7 through 13b (far right column). This is your **total income**. ▶	14	3,242 00

Step 5
Figure your adjusted gross income

15a	Your IRA deduction from applicable worksheet. 15a		
b	Spouse's IRA deduction from applicable worksheet. 15b **Note:** *Rules for IRAs begin on page 29.*		
c	Add lines 15a and 15b. These are your **total adjustments**.	15c	
16	Subtract line 15c from line 14. This is your **adjusted gross income**. (If less than $20,264, see "Earned income credit" on page 39.) ▶	16	3,242 00

1990 **Form 1040A** Page 2

PROOF COPY

Step 6

Figure your standard deduction, exemption amount, and taxable income

17	Enter the amount from line 16.			17	3242 00
18a	Check if: ☐ **You were 65 or older** ☐ Blind ☐ **Spouse was 65 or older** ☐ Blind **Enter number of boxes checked** ▶ 18a ☐				
b	If someone else (such as your parent) can claim you as a dependent, check here ▶ 18b ☒				
c	If you are married filing separately and your spouse files Form 1040 and itemizes deductions, see page 33 and check here ▶ 18c ☐				
19	**Enter your standard deduction. See page 34 for the chart (or worksheet) that applies to you. Be sure to enter your standard deduction here.**			19	2800 00
20	Subtract line 19 from line 17. (If line 19 is more than line 17, enter -0-.)			20	442 00
21	Multiply $2,050 by the total number of exemptions claimed on line 6e.			21	–
22	Subtract line 21 from line 20. (If line 21 is more than line 20, enter -0-.) This is your **taxable income**.			▶ 22	442 00

Step 7

Figure your tax, credits, and payments

(If you want IRS to figure your tax, see page 35.)

23	Find the tax on the amount on line 22. Check if from: ☑ Tax Table (pages 48–53) or ☐ Form 8615 (see page 36)			23	66 00
24a	Credit for child and dependent care expenses. Complete and attach Schedule 2.	24a			
b	Credit for the elderly or the disabled. Complete and attach Schedule 3.	24b			
c	Add lines 24a and 24b. These are your **total credits.**			24c	
25	Subtract line 24c from line 23. (If line 24c is more than line 23, enter -0-.)			25	66 00
26	Advance earned income credit payments from Form W-2.			26	
27	Add lines 25 and 26. This is your **total tax.**			▶ 27	66 00
28a	Total Federal income tax withheld. (If any is from Form(s) 1099, check here ▶ ☐.)	28a	220 00		
b	1990 estimated tax payments and amount applied from 1989 return.	28b			
c	**Earned income credit.** See page 39 to find out if you can take this credit.	28c			
d	Add lines 28a, 28b, and 28c. These are your **total payments**.			▶ 28d	220 00

Step 8

Figure your refund or amount you owe

Attach check or money order on top of Form(s) W-2, etc. on page 1.

29	If line 28d is more than line 27, subtract line 27 from line 28d. This is the amount you **overpaid.**			29	154 00
30	Amount of line 29 you want **refunded to you.**			30	154 00
31	Amount of line 29 you want **applied to your 1991 estimated tax.**	31			
32	If line 27 is more than line 28d, subtract line 28d from line 27. This is the **amount you owe**. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040A" on it.			32	
33	Estimated tax penalty. (see page 43).	33			

Step 9

Sign your return

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

▶ Your signature	Date	Your occupation
▶ Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation

Paid preparer's use only

Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's social security no.
Firm's name (or yours if self-employed) and address ▶		E.I. No.	
		ZIP code	

Schedule 1
(Form 1040A)

Department of the Treasury — Internal Revenue Service

Interest and Dividend Income for Form 1040A Filers

1990

PROOF COPY

OMB No. [illegible]

Name(s) shown on Form 1040A: James C. Doer

Your social security number: 000 00 0012

Part I

Interest Income

(See pages 23 and 45.)

Complete this part and attach Schedule 1 to Form 1040A if you received over $400 in taxable interest or are claiming the exclusion of interest from Series EE U.S. savings bonds issued after 1989.

If you are claiming the exclusion or you received, as a nominee, interest that actually belongs to another person, see page 45.

Note: *If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, enter the firm's name and the total interest shown on that form.*

		Amount	
1 List name of payer	1		
First Commercial Bank		442	00
2 Add the amounts on line 1.	2	442	–
3 Enter the excludable savings bond interest, if any, from Form 8815, line 14. Attach Form 8815 to Form 1040A.	3		
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, line 8a.	4	442	–

Part II

Dividend Income

(See pages 24 and 45.)

Complete this part and attach Schedule 1 to Form 1040A if you received over $400 in dividends.

If you received, as a nominee, dividends that actually belong to another person, see page 45.

Note: *If you received a Form 1099-DIV or substitute statement from a brokerage firm, enter the firm's name and the total dividends shown on that form.*

		Amount	
5 List name of payer	5		
6 Add amounts on line 5. Enter the total here and on Form 1040A, line 9.	6		

For Paperwork Reduction Act Notice, see the Form 1040A instructions.

Schedule 1 (Form 1040A) 1990

Standard Deduction Worksheet for Dependents (keep for your records)
Use this worksheet ONLY if someone can claim you as a dependent.

1. Enter the amount from Form 1040A, line 7. If none, enter -0-.	2800.
2. Minimum amount.	500.00
3. Compare the amounts on lines 1 and 2. Enter the larger of the two amounts here.	2800.
4. Enter on line 4 the amount shown below for your filing status. • Single, enter $3,250 • Married filing a separate return, enter $2,725 • Married filing a joint return, or qualifying widow(er) with dependent child, enter $5,450 • Head of household, enter $4,750	3250.
5. Standard deduction **a.** Compare the amounts on lines 3 and 4. Enter the **smaller** of the two amounts here. If under 65 and not blind, stop here and enter this amount on Form 1040A, line 19. Otherwise, go to line 5b.	2800.
b. If 65 or older or blind, multiply $800 ($650 if married filing a joint or separate return, or qualifying widow(er) with dependent child) by the number on Form 1040A, line 18a. Enter the result.	
c. Add lines 5a and 5b. Enter the total here and on Form 1040A, line 19.	

PROOF COPY

Retest, Part III

1. Harold and Donna McNeill/ Joe and Sarah Smith

Form **1040A**
Department of the Treasury—Internal Revenue Service
U.S. Ind!vidual Income Tax Return **1990**

PROOF COPY

OMB No. 1545-0085

Step 1
Label
(See page 14.)
Use IRS label. Otherwise, please print or type

LABEL HERE

Your first name and initial: Harold — Last name: McNeill
If a joint return, spouse's first name and initial: Donna M. — Last name: McNeill
Home address (number and street). (If you have a P.O. box, see page 15.): 17 Murrell Way — Apt. no.
City, town or post office, state and ZIP code. (If you have a foreign address, see page 15.): Perry Mt 59043

Your social security no.: 000 00 1922
Spouse's social security no.: 000 00 1927

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Presidential Election Campaign Fund (see page 15)
Do you want $1 to go to this fund? ☑ Yes ☐ No
If joint return, does your spouse want $1 to go to this fund? ☑ Yes ☐ No
Note: *Checking "Yes" will not change your tax or reduce your refund.*

Step 2
Check your filing status
(Check only one.)

1 ☐ Single. (See page 16 to find out if you can file as head of household.)
2 ☑ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security number above and spouse's full name here ▶ ______
4 ☐ Head of household (with qualifying person). (See page 16.) If the qualifying person is your child but not your dependent, enter this child's name here ▶ ______
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19 ____). (See page 17.)

Step 3
Figure your exemptions
(See page 17.)

6a ☑ **Yourself** If someone else (such as your parent) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 18b on page 2.
No. of boxes checked on 6a and 6b: 2
6b ☑ **Spouse**

c Dependents:

1. Name (first, initial, and last name)	2. Check if under age 2	3. If age 2 or older, dependent's social security number	4. Relationship	5. No. of months lived in your home in 1990

If more than 7 dependents, see page 20.

No. of your children on 6c who:
● lived with you ______
● didn't live with you due to divorce or separation (see page 20) ______
No. of other dependents listed on 6c ______

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed.
Add numbers entered on lines above: 2

Step 4
Figure your total income

Attach Copy B of your Forms W-2 and W-2P here.

Attach check or money order on top of any Forms W-2 or W-2P.

7 Wages, salaries, tips, etc. This should be shown in Box 10 of your W-2 form(s). (Attach Form(s) W-2.) — 7: 15470 —
8a **Taxable** interest income (see page 23). (If over $400, also complete and attach Schedule 1, Part I.) — 8a: 154 —
b **Tax-exempt** interest. (DO NOT include on line 8a.) 8b
9 Dividends. (If over $400, also complete and attach Schedule 1, Part II.) — 9
10a Total IRA distributions. 10a — 10b Taxable amount (see page 24). 10b
11a Total pensions and annuities. 11a — 11b Taxable amount (see page 24). 11b
12 Unemployment compensation (insurance) from Form(s) 1099-G. 12
13a Social security benefits. 13a — 13b Taxable amount (see page 27). 13b
14 Add lines 7 through 13b (far right column). This is your **total income.** ▶ 14: 15624 —

Step 5
Figure your adjusted gross income

15a Your IRA deduction from applicable worksheet. 15a
b Spouse's IRA deduction from applicable worksheet. 15b
Note: *Rules for IRAs begin on page 29*
c Add lines 15a and 15b. These are your **total adjustments.** 15c
16 Subtract line 15c from line 14. This is your **adjusted gross income.** (If less than $20,264, see "Earned income credit" on page 39.) ▶ 16: 15624 —

1990 **Form 1040A** Page 2

PROOF COPY

Step 6	**17**	Enter the amount from line 16.				17	15624	–
Figure your standard deduction,	**18a**	Check if: ☐ You were 65 or older ☐ Blind ☐ Spouse was 65 or older ☐ Blind Enter number of boxes checked ▶ 18a ☐						
	b	If someone else (such as your parent) can claim you as a dependent, check here ▶ 18b ☐						
	c	If you are married filing separately and your spouse files Form 1040 and itemizes deductions, see page 33 and check here ▶ 18c ☐						
	19	**Enter your standard deduction. See page 34 for the chart (or worksheet) that applies to you. Be sure to enter your standard deduction here.**				19	5450	–
exemption amount, and	**20**	Subtract line 19 from line 17. (If line 19 is more than line 17, enter -0-.)				20	10174	–
	21	Multiply $2,050 by the total number of exemptions claimed on line 6e.				21	4100	–
taxable income	**22**	Subtract line 21 from line 20. (If line 21 is more than line 20, enter -0-.) This is your **taxable income.**				▶ 22	6074	–
Step 7 **Figure your tax, credits, and payments**	**23**	Find the tax on the amount on line 22. Check if from: ☑ Tax Table (pages 48–53) or ☐ Form 8615 (see page 36)				23	911	–
	24a	Credit for child and dependent care expenses. Complete and attach Schedule 2.	24a	216	–			
	b	Credit for the elderly or the disabled. Complete and attach Schedule 3.	24b					
	c	Add lines 24a and 24b. These are your **total credits.**				24c	216	–
(If you want IRS to figure your tax, see page 35.)	**25**	Subtract line 24c from line 23. (If line 24c is more than line 23, enter -0-.)				25	695	–
	26	Advance earned income credit payments from Form W-2.				26		
	27	Add lines 25 and 26. This is your **total tax.**				▶ 27	695	–
	28a	Total Federal income tax withheld. (If any is from Form(s) 1099, check here ▶ ☐ .)	28a	750				
	b	1990 estimated tax payments and amount applied from 1989 return.	28b					
	c	**Earned income credit.** See page 39 to find out if you can take this credit.	28c					
	d	Add lines 28a, 28b, and 28c. These are your **total payments.**				▶ 28d	750	–
Step 8 **Figure your refund or, amount you owe**	**29**	If line 28d is more than line 27, subtract line 27 from line 28d. This is the amount you **overpaid.**				29	55	–
	30	Amount of line 29 you want **refunded to you.**				30	55	–
	31	Amount of line 29 you want **applied to your 1991 estimated tax.**	31					
Attach check or money order on top of Form(s) W-2, etc. on page 1.	**32**	If line 27 is more than line 28d, subtract line 28d from line 27. This is the **amount you owe**. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040A" on it.				32		
	33	Estimated tax penalty. (see page 43).	33					

Step 9
Sign your return

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Keep a copy of this return for your records.

▶ Your signature	Date	Your occupation
▶ Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation

Paid preparer's use only

Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's social security no.
Firm's name (or yours if self-employed) and address ▶		E.I. No.	
		ZIP code	

Schedule 2
(Form 1040A)

Department of the Treasury – Internal Revenue Service

Child and Dependent Care Expenses for Form 1040A Filers

1990

PROOF COPY

Name(s) shown on Form 1040A: Harold and Donna Mc Neill

Your social security number: 000 00 1922

- If you are claiming the child and dependent care credit, complete Parts I and II below. But if you received employer-provided dependent care benefits, first complete Part III on the back.
- If you are not claiming the credit but you received employer-provided dependent care benefits, only complete Part I, below, and Part III on the back.

Part I

Persons or organizations who provided the care

You MUST complete this part. (See page 46.)

1	a. Name	b. Address (number, street, city, state, and ZIP code)	c. Identification number (SSN or EIN)	d. Amount paid (see instructions)
	New Yates Day Care Facility	1234 Hill Rd Perry, MT 59043	10-1234567	800 -
				-

(If you need more space, attach schedule.)

2 Add the amounts in column d of line 1 and enter the total. 2 800

Note: *If you paid cash wages of $50 or more in a calendar quarter to an individual for services performed in your home, you must file an employment tax return. Get* **Form 942** *for details.*

Part II

Credit for child and dependent care expenses

3 Enter the number of qualifying persons who were cared for in 1990. You must have shared the same home with the qualifying person(s). (See page 46 for the definition of a qualifying person.) 3 1

4 Enter the amount of **qualified** expenses you incurred and actually paid in 1990. See page 47 to find out which expenses qualify. **Caution:** *If you completed Part III, DO NOT include on this line any excluded benefits shown on line 23.* 4 800 -

5 Enter $2,400 ($4,800 if you paid for the care of two or more qualifying persons). 5 2400 -

6 If you completed Part III, enter the **excluded benefits,** if any, from line 23. 6 —0 -

7 Subtract line 6 from line 5. If line 6 is equal to or more than line 5, STOP HERE; you cannot claim the credit. 7 2400 -

8 Compare the amounts on lines 4 and 7. Enter the **smaller** of the two amounts here. 8 800 -

9 You **must** enter your **earned income.** (See page 47 for the definition of earned income.) 9 15470 -

10 If you are married filing a joint return, you **must** enter your spouse's earned income. (If spouse was a full-time student or disabled, see the instructions for the amount to enter.) 10 2400 -

11 If you are married filing a joint return, compare the amounts on lines 9 and 10. Enter the **smaller** of the two amounts here. 11 2400 -

12
- If you are married filing a joint return, compare the amounts on lines 8 and 11. Enter the **smaller** of the two amounts here.
- All others, compare the amounts on lines 8 and 9. Enter the **smaller** of the two amounts here.

12 800 -

13 Enter the decimal amount from the table below that applies to the amount on Form 1040A, line 17.

If line 17 is: Over— But not over—	Decimal amount is:	If line 17 is: Over— But not over—	Decimal amount is:
$0—10,000	.30	$20,000—22,000	.24
10,000—12,000	.29	22,000—24,000	.23
12,000—14,000	.28	24,000—26,000	.22
14,000—16,000	.27	26,000—28,000	.21
16,000—18,000	.26	28,000	.20
18,000—20,000	.25		

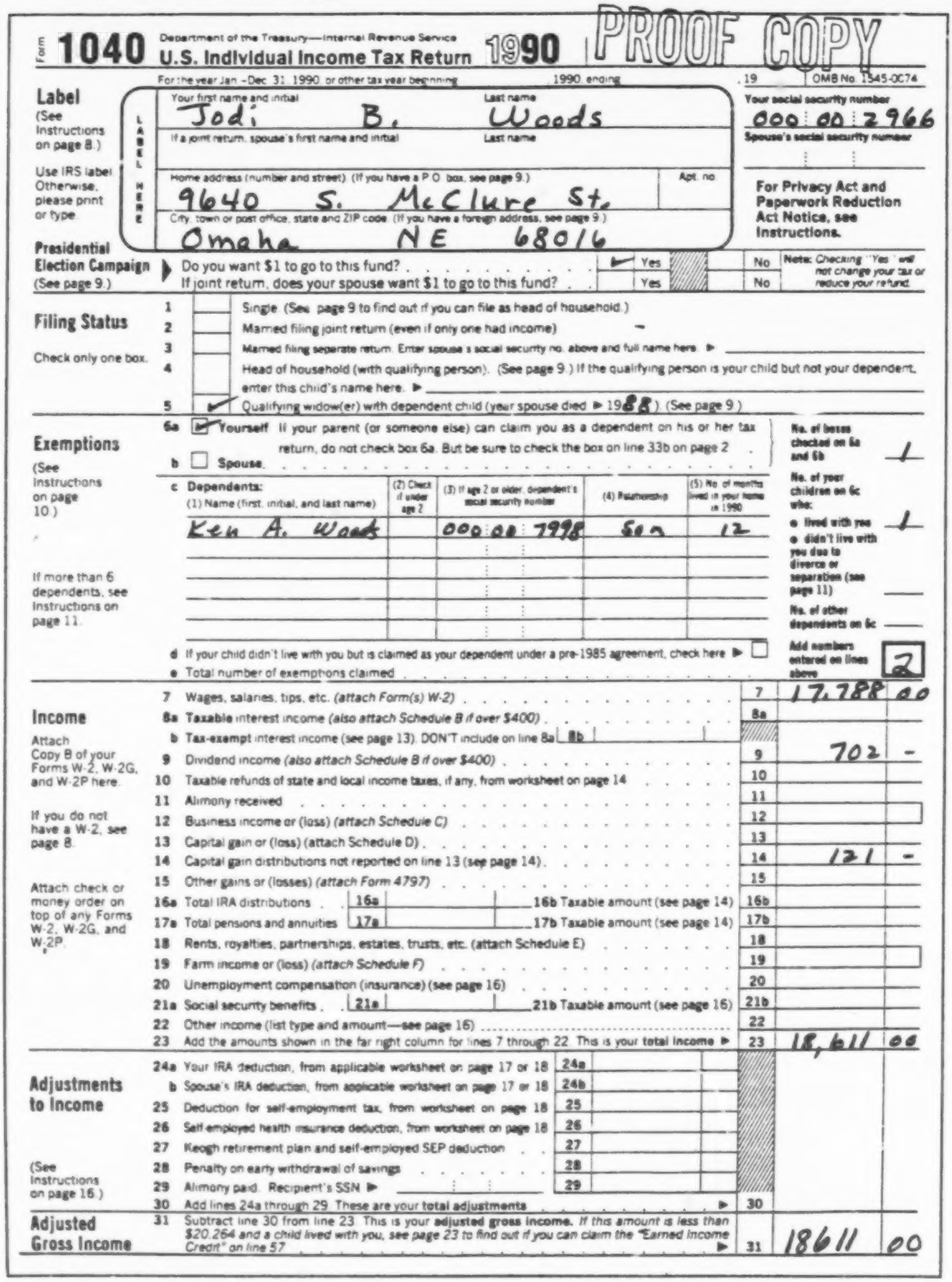
13 ×.27

14 Multiply the amount on line 12 by the decimal amount on line 13. Enter the result here and on Form 1040A, line 24a. 14 = 216 -

For Paperwork Reduction Act Notice, see the Form 1040A instructions.

Schedule 2 (Form 1040A) 1990

2. Jodi Woods/ Ellen Lloyd



Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **1990** PROOF COPY

For the year Jan.–Dec. 31, 1990, or other tax year beginning , 1990, ending , 19 | OMB No. 1545-0074

Label (See Instructions on page 8.)
Use IRS label. Otherwise, please print or type.
LABEL HERE

Your first name and initial: Jodi B. | Last name: Woods
Your social security number: 000 00 2966
If a joint return, spouse's first name and initial | Last name
Spouse's social security number
Home address (number and street). (If you have a P.O. box, see page 9.) 9640 S. McClure St. | Apt. no.
City, town or post office, state and ZIP code. (If you have a foreign address, see page 9.) Omaha NE 68016

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Presidential Election Campaign (See page 9.)
Do you want $1 to go to this fund? ✓ Yes ☐ No
If joint return, does your spouse want $1 to go to this fund? ☐ Yes ☐ No
Note: *Checking "Yes" will not change your tax or reduce your refund.*

Filing Status
Check only one box.
1 ☐ Single. (See page 9 to find out if you can file as head of household.)
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 9.) If the qualifying person is your child but not your dependent, enter this child's name here. ▶
5 ☑ Qualifying widow(er) with dependent child (year spouse died ▶ 1988). (See page 9.)

Exemptions (See Instructions on page 10.)
6a ☑ **Yourself** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2.
b ☐ **Spouse**
No. of boxes checked on 6a and 6b: 1

c **Dependents:**

(1) Name (first, initial, and last name)	(2) Check if under age 2	(3) If age 2 or older, dependent's social security number	(4) Relationship	(5) No. of months lived in your home in 1990
Ken A. Woods		000 00 7998	Son	12

If more than 6 dependents, see Instructions on page 11.

No. of your children on 6c who:
- lived with you: 1
- didn't live with you due to divorce or separation (see page 11):

No. of other dependents on 6c:

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed
Add numbers entered on lines above: 2

Income
Attach Copy B of your Forms W-2, W-2G, and W-2P here.
If you do not have a W-2, see page 8.
Attach check or money order on top of any Forms W-2, W-2G, and W-2P.

7	Wages, salaries, tips, etc. *(attach Form(s) W-2)*	7	17,788 00
8a	**Taxable** interest income *(also attach Schedule B if over $400)*	8a	
b	**Tax-exempt** interest income (see page 13). DON'T include on line 8a 8b		
9	Dividend income *(also attach Schedule B if over $400)*	9	702 –
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 14	10	
11	Alimony received	11	
12	Business income or (loss) *(attach Schedule C)*	12	
13	Capital gain or (loss) (attach Schedule D)	13	
14	Capital gain distributions not reported on line 13 (see page 14)	14	121 –
15	Other gains or (losses) *(attach Form 4797)*	15	
16a	Total IRA distributions 16a ; 16b Taxable amount (see page 14)	16b	
17a	Total pensions and annuities 17a ; 17b Taxable amount (see page 14)	17b	
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18	
19	Farm income or (loss) *(attach Schedule F)*	19	
20	Unemployment compensation (insurance) (see page 16)	20	
21a	Social security benefits 21a ; 21b Taxable amount (see page 16)	21b	
22	Other income (list type and amount—see page 16)	22	
23	Add the amounts shown in the far right column for lines 7 through 22. This is your **total income** ▶	23	18,611 00

Adjustments to Income (See Instructions on page 16.)

24a	Your IRA deduction, from applicable worksheet on page 17 or 18	24a	
b	Spouse's IRA deduction, from applicable worksheet on page 17 or 18	24b	
25	Deduction for self-employment tax, from worksheet on page 18	25	
26	Self-employed health insurance deduction, from worksheet on page 18	26	
27	Keogh retirement plan and self-employed SEP deduction	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid. Recipient's SSN ▶	29	
30	Add lines 24a through 29. These are your **total adjustments** ▶	30	

Adjusted Gross Income
31 Subtract line 30 from line 23. This is your **adjusted gross income.** *If this amount is less than $20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57* ▶ 31 18611 00

Form 1040 (1990) PROOF COPY Page 2

Tax Computation

If you want IRS to figure your tax, see Instructions on page 19.

32	Amount from line 31 (adjusted gross income)			32	18611 –
33a	Check if: ☐ You were 65 or older ☐ Blind; ☐ Spouse was 65 or older ☐ Blind. Add the number of boxes checked and enter the total here ▶	33a	☐		
b	If your parent (or someone else) can claim you as a dependent, check here ▶	33b	☐		
c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here ▶	33c	☐		
34	Enter the larger of: • Your **standard deduction** (from applicable chart (or worksheet) on page 20), OR • Your **itemized deductions** (from Schedule A, line 27). If you itemize, attach Schedule A and check here ▶ ☐			34	5450 –
35	Subtract line 34 from line 32			35	13161 –
36	Multiply $2,050 by the total number of exemptions claimed on line 6e			36	4100 –
37	**Taxable income.** Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)			37	9061 –
38	Enter tax. Check if from: a ☒ Tax Table, b ☐ Tax Rate Schedules, or c ☐ Form 8615 (see page 21) (If any is from Form(s) 8814, enter that amount here ▶)			38	1361 –
39	Additional taxes (see page 21). Check if from: a ☐ Form 4970 b ☐ Form 4972			39	
40	Add lines 38 and 39 ▶			40	1361 –

Credits

(See Instructions on page 21.)

41	Credit for child and dependent care expenses *(attach Form 2441)*	41			
42	Credit for the elderly or the disabled *(attach Schedule R)*	42			
43	Foreign tax credit *(attach Form 1116)*	43			
44	General business credit. Check if from: a ☐ Form 3800 or b ☐ Form (specify) ________	44			
45	Credit for prior year minimum tax (attach Form 8801)	45			
46	Add lines 41 through 45			46	
47	Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-.) ▶			47	1361 –

Other Taxes

48	Self-employment tax *(attach Schedule SE)*	48	
49	Alternative minimum tax *(attach Form 6251)*	49	
50	Recapture taxes (see page 22). Check if from: a ☐ Form 4255 b ☐ Form 8611	50	
51	Social security tax on tip income not reported to employer *(attach Form 4137)*	51	
52	Tax on an IRA or a qualified retirement plan *(attach Form 5329)*	52	
53	Advance earned income credit payments, from Form W-2	53	
54	Add lines 47 through 53. This is your **total tax** ▶	54	1361 –

Payments

Attach Forms W-2, W-2G, and W-2P to front.

55	Federal income tax withheld **(if any is from Form(s) 1099, check ▶ ☐)**	55	1413 –		
56	1990 estimated tax payments and amount applied from 1989 return	56			
57	**Earned income credit** (see page 23)	57	165 –		
58	Amount paid with Form 4868 (extension request)	58			
59	Excess social security tax and RRTA tax withheld (see page 24)	59			
60	Credit for Federal tax on fuels *(attach Form 4136)*	60			
61	Regulated investment company credit *(attach Form 2439)*	61			
62	Add lines 55 through 61. These are your **total payments** ▶			62	1578 –

Refund or Amount You Owe

63	If line 62 is more than line 54, enter amount **OVERPAID** ▶			63	217
64	Amount of line 63 to be **REFUNDED TO YOU** ▶			64	217
65	Amount of line 63 to be **APPLIED TO YOUR 1991 ESTIMATED TAX** ▶	65			
66	If line 54 is more than line 62, enter **AMOUNT YOU OWE**. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040" on it			66	
67	Estimated tax penalty (see page 25)	67			

Sign Here

(Keep a copy of this return for your records.)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Your signature	Date	Your occupation
▶ Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's social security no.
Firm's name (or yours if self-employed) and address ▶		E.I. No.	
		ZIP code	

Schedules A&B (Form 1040) 1990 OMB No. 1545-0074 **Page 2**

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.) Jodi B. Woods

Your social security number 000 00 2966

Schedule B—Interest and Dividend Income

Attachment Sequence No. **08**

Part I Interest Income

(See Instructions on pages 13 and 30.)

If you received more than $400 in taxable interest income, or you are claiming the exclusion of interest from series EE U.S. savings bonds issued after 1989 (see page 30), you must complete Part I. List ALL interest received in Part I. If you received more than $400 in taxable interest income, you must also complete Part III. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page 31.

Interest Income

			Amount
1	Interest income. (List name of payer—if any interest income is from seller-financed mortgages, see Instructions and list this interest first.) ▶	1	
2	Add the amounts on line 1. Enter the total	2	
3	Enter the excludable savings bond interest, if any, from Form 8815, line 14. Attach Form 8815 to Form 1040	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	

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Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Part II Dividend Income

(See Instructions on pages 13 and 31.)

If you received more than $400 in gross dividends and/or other distributions on stock, you must complete Parts II and III. If you received, as a nominee, dividends that actually belong to another person, see page 31.

Dividend Income

			Amount
5	Dividend income. (List name of payer—include on this line capital gain distributions, nontaxable distributions, etc.) ▶	5	
	ABC Inc		823 —
6	Add the amounts on line 5. Enter the total	6	823 —
7	Capital gain distributions. Enter here and on Schedule* . . . 7 121		
8	Nontaxable distributions. (See the Instructions for Form 1040, line 9.) 8		
9	Add the amounts on lines 7 and 8. Enter the total	9	121 —
10	Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶	10	702 —

**If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the Instructions for Form 1040, lines 13 and 14.*

Note: If you received a Form 1099-DIV, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

Part III Foreign Accounts and Foreign Trusts

(See Instructions on page 31.)

If you received more than $400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.

		Yes	No
11a	At any time during 1990, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 31 of the Instructions for exceptions and filing requirements for Form TD F 90-22.1.)		✓
b	If "Yes," enter the name of the foreign country ▶		
12	Were you the grantor of, or transferor to, a foreign trust that existed during 1990, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926		✓

For Paperwork Reduction Act Notice, see Form 1040 Instructions. **Schedule B (Form 1040) 1990**

PROOF COPY

Earned Income Credit Worksheet (Keep for your records)

If your filing status is single or married filing separately, you may not take the credit. Do not complete this worksheet.

1. Enter the amount from Form 1040, line 7. Include scholarship or fellowship income only if you received a W-2 form for it 1. 17,788

2. If you received earned income that is not taxable, enter the total amount of that income here. Also enter "NEI" on the dotted line next to line 57 on Form 1040. Do this even if you cannot take the credit . . . . . . 2. -0-

3. Add lines 1 and 2. Enter the total 3. 17,788

4. If you were self-employed, subtract any deduction you claimed on Form 1040, line 25, from the amount on Schedule SE, Section A, line 3, or Section B, line 3. Enter the result here, even if a loss. But if you use the optional method to figure self-employment tax, see **Pub 596** for more information before entering an amount on line 4 . . . . 4. -0-

   Note: *If you were a statutory employee and you reported your income and expenses on Schedule C, include on line 4 the amount from Schedule C, page 29.*

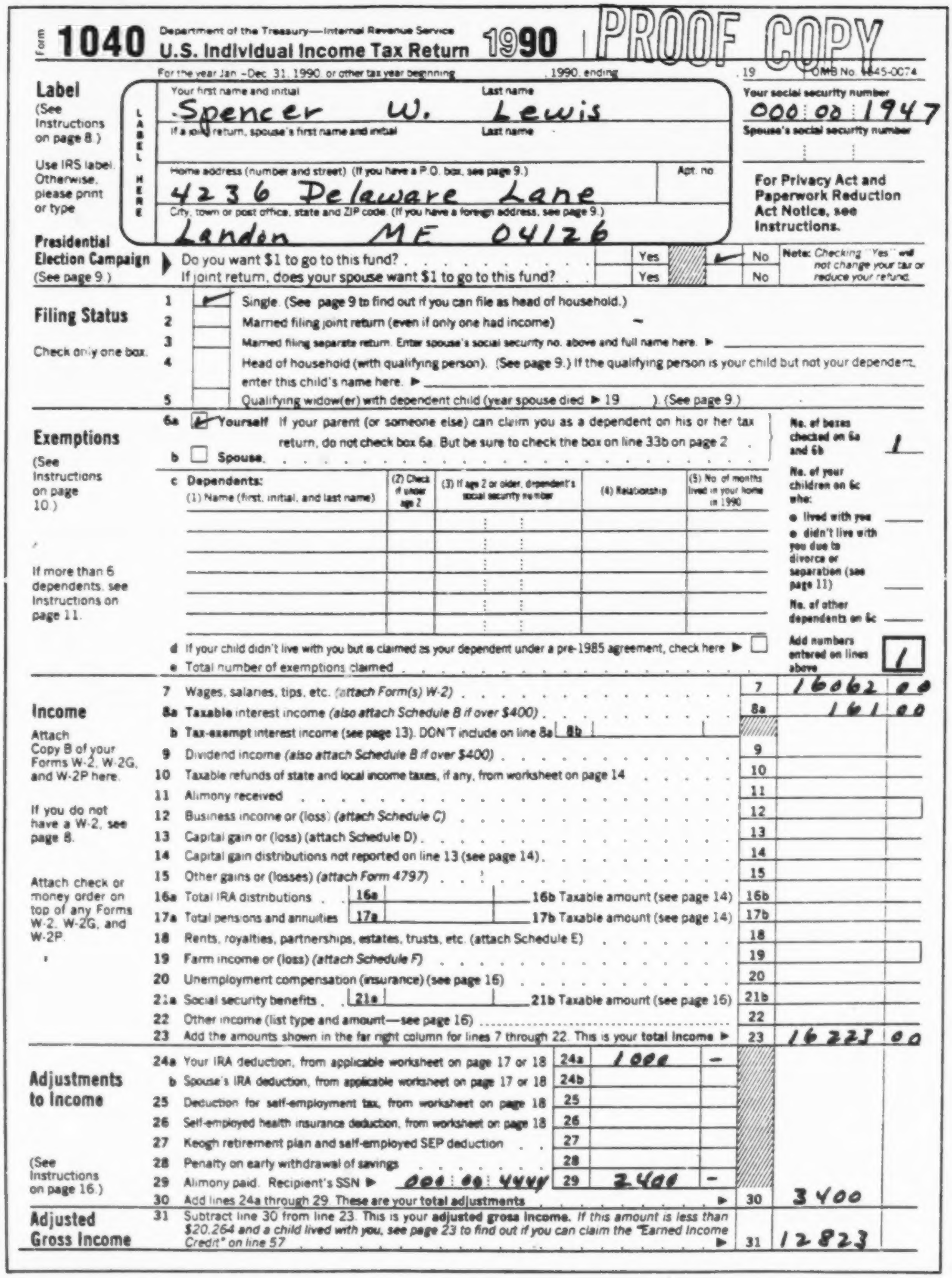
5. **Earned income.** Add lines 3 and 4. But if line 4 is a loss, subtract line 4 from line 3 . . . . 5. 17,788
   - If this amount is zero or less, or $20,264 or more, stop here; you may not take the credit. Otherwise, go to line 6.

6. **Adjusted gross income.** Enter the amount from Form 1040, line 32 . 6. 18,611
   - If this amount is $20,264 or more, stop here, you may not take the credit. Otherwise, go to line 7 or 8, whichever applies.

7. If line 6 is **less than $10,750**, use the amount on line 5 to find the credit in the table that begins on page 58. Enter the credit here and on Form 1040, line 57 . . . . 7. ______

8. If line 6 is **at least: $10,750**
   - a. First, use the amount on line 5 to find the credit in the table that begins on page 58. Enter that amount here **8a** 248
   - b. Then, use the amount on line 6 to find the credit in the table. Enter that amount here **8b** 165
   - c. Compare the amounts on lines **8a** and **8b** above. Enter the **smaller** of the two amounts here. Also enter this amount on Form 1040, line 57. **8c.** 165

3. Spencer Lewis/ Daniel Marshall



Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **1990** PROOF COPY

For the year Jan.–Dec. 31, 1990, or other tax year beginning , 1990, ending , 19 OMB No. 1545-0074

Label (See Instructions on page 8.) Use IRS label. Otherwise, please print or type. LABEL HERE

Your first name and initial: Spencer W. Last name: Lewis
If a joint return, spouse's first name and initial Last name
Home address (number and street) (If you have a P.O. box, see page 9.): 4236 Delaware Lane Apt. no.
City, town or post office, state and ZIP code. (If you have a foreign address, see page 9.): Landon ME 04126

Your social security number 000 00 1947
Spouse's social security number

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Presidential Election Campaign (See page 9.)
Do you want $1 to go to this fund? ☐ Yes ☑ No
If joint return, does your spouse want $1 to go to this fund? ☐ Yes ☐ No
Note: *Checking "Yes" will not change your tax or reduce your refund.*

Filing Status
Check only one box.
1 ☑ Single. (See page 9 to find out if you can file as head of household.)
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 9.) If the qualifying person is your child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 9.)

Exemptions
(See Instructions on page 10.)
6a ☑ **Yourself** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2
b ☐ **Spouse**
No. of boxes checked on 6a and 6b 1

c **Dependents:**

(1) Name (first, initial, and last name)	(2) Check if under age 2	(3) If age 2 or older, dependent's social security number	(4) Relationship	(5) No. of months lived in your home in 1990

If more than 6 dependents, see Instructions on page 11.

No. of your children on 6c who:
- lived with you
- didn't live with you due to divorce or separation (see page 11)

No. of other dependents on 6c

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed
Add numbers entered on lines above 1

Income
Attach Copy B of your Forms W-2, W-2G, and W-2P here.
If you do not have a W-2, see page 8.
Attach check or money order on top of any Forms W-2, W-2G, and W-2P.

7	Wages, salaries, tips, etc. *(attach Form(s) W-2)*	7	16062	00
8a	**Taxable** interest income *(also attach Schedule B if over $400)*	8a	161	00
b	**Tax-exempt** interest income (see page 13). DON'T include on line 8a [8b]			
9	Dividend income *(also attach Schedule B if over $400)*	9		
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 14	10		
11	Alimony received	11		
12	Business income or (loss) *(attach Schedule C)*	12		
13	Capital gain or (loss) (attach Schedule D)	13		
14	Capital gain distributions not reported on line 13 (see page 14)	14		
15	Other gains or (losses) *(attach Form 4797)*	15		
16a	Total IRA distributions [16a] 16b Taxable amount (see page 14)	16b		
17a	Total pensions and annuities [17a] 17b Taxable amount (see page 14)	17b		
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18		
19	Farm income or (loss) *(attach Schedule F)*	19		
20	Unemployment compensation (insurance) (see page 16)	20		
21a	Social security benefits [21a] 21b Taxable amount (see page 16)	21b		
22	Other income (list type and amount—see page 16)	22		
23	Add the amounts shown in the far right column for lines 7 through 22. This is your **total income** ▶	23	16223	00

Adjustments to Income
(See Instructions on page 16.)

24a	Your IRA deduction, from applicable worksheet on page 17 or 18	24a	1000	–		
b	Spouse's IRA deduction, from applicable worksheet on page 17 or 18	24b				
25	Deduction for self-employment tax, from worksheet on page 18	25				
26	Self-employed health insurance deduction, from worksheet on page 18	26				
27	Keogh retirement plan and self-employed SEP deduction	27				
28	Penalty on early withdrawal of savings	28				
29	Alimony paid. Recipient's SSN ▶ 000 00 4444	29	2400	–		
30	Add lines 24a through 29. These are your **total adjustments** ▶				30	3400

Adjusted Gross Income

31	Subtract line 30 from line 23. This is your **adjusted gross income.** *If this amount is less than $20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57* ▶	31	12823

Form 1040 (1990) Page 2

PROOF COPY

Tax Computation

If you want IRS to figure your tax, see Instructions on page 19.

32	Amount from line 31 (adjusted gross income)			32	12 823 —
33a	Check if: ☐ You were 65 or older ☑ Blind; ☐ Spouse was 65 or older ☐ Blind. Add the number of boxes checked and enter the total here. ▶	33a	1		
b	If your parent (or someone else) can claim you as a dependent, check here ▶	33b ☐			
c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here ▶	33c ☐			
34	Enter the larger of: • Your **standard deduction** (from applicable chart (or worksheet) on page 20), **OR** • Your **itemized deductions** (from Schedule A, line 27). If you itemize, attach Schedule A and check here. ▶ ☐			34	7084 —
35	Subtract line 34 from line 32			35	5739 —
36	Multiply $2,050 by the total number of exemptions claimed on line 6e			36	2050 —
37	**Taxable income.** Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)			37	3689 —
38	Enter tax. Check if from: a ☑ Tax Table, b ☐ Tax Rate Schedules, or c ☐ Form 8615 (see page 21) (If any is from Form(s) 8814, enter that amount here ▶)			38	551 —
39	Additional taxes (see page 21). Check if from: a ☐ Form 4970 b ☐ Form 4972			39	
40	Add lines 38 and 39 ▶			40	551 —

Credits

(See Instructions on page 21.)

41	Credit for child and dependent care expenses *(attach Form 2441)*	41			
42	Credit for the elderly or the disabled *(attach Schedule R)*	42			
43	Foreign tax credit *(attach Form 1116)*	43			
44	General business credit. Check if from: a ☐ Form 3800 or b ☐ Form (specify) ________	44			
45	Credit for prior year minimum tax (attach Form 8801)	45			
46	Add lines 41 through 45			46	
47	Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-.) ▶			47	551 —

Other Taxes

48	Self-employment tax *(attach Schedule SE)*	48	
49	Alternative minimum tax *(attach Form 6251)*	49	
50	Recapture taxes (see page 22). Check if from: a ☐ Form 4255 b ☐ Form 8611	50	
51	Social security tax on tip income not reported to employer *(attach Form 4137)*	51	
52	Tax on an IRA or a qualified retirement plan *(attach Form 5329)*	52	
53	Advance earned income credit payments, from Form W-2	53	
54	Add lines 47 through 53. This is your **total tax** ▶	54	551 —

Payments

Attach Forms W-2, W-2G, and W-2P to front.

55	Federal income tax withheld **(If any is from Form(s) 1099, check ▶ ☐)**	55	1456 —		
56	1990 estimated tax payments and amount applied from 1989 return	56			
57	**Earned income credit** (see page 23).	57			
58	Amount paid with Form 4868 (extension request)	58			
59	Excess social security tax and RRTA tax withheld (see page 24)	59			
60	Credit for Federal tax on fuels *(attach Form 4136)*	60			
61	Regulated investment company credit *(attach Form 2439)*	61			
62	Add lines 55 through 61. These are your **total payments** ▶			62	1456 —

Refund or Amount You Owe

63	If line 62 is more than line 54, enter amount **OVERPAID** ▶			63	905 —
64	Amount of line 63 to be **REFUNDED TO YOU** ▶			64	905 —
65	Amount of line 63 to be **APPLIED TO YOUR 1991 ESTIMATED TAX** ▶	65			
66	If line 54 is more than line 62, enter **AMOUNT YOU OWE**. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040" on it			66	
67	Estimated tax penalty (see page 25)	67			

Sign Here

(Keep a copy of this return for your records.)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation
Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's social security no.
Firm's name (or yours if self-employed) and address		E.I. No.	
		ZIP code	

SCHEDULES A&B
(Form 1040)
Department of the Treasury
Internal Revenue Service

Schedule A—Itemized Deductions

(Schedule B is on back)

PROOF COPY

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A and B (Form 1040).**

OMB No 1545-0074
1990
Attachment Sequence No **07**

Name(s) shown on Form 1040: Spencer W. Lewis

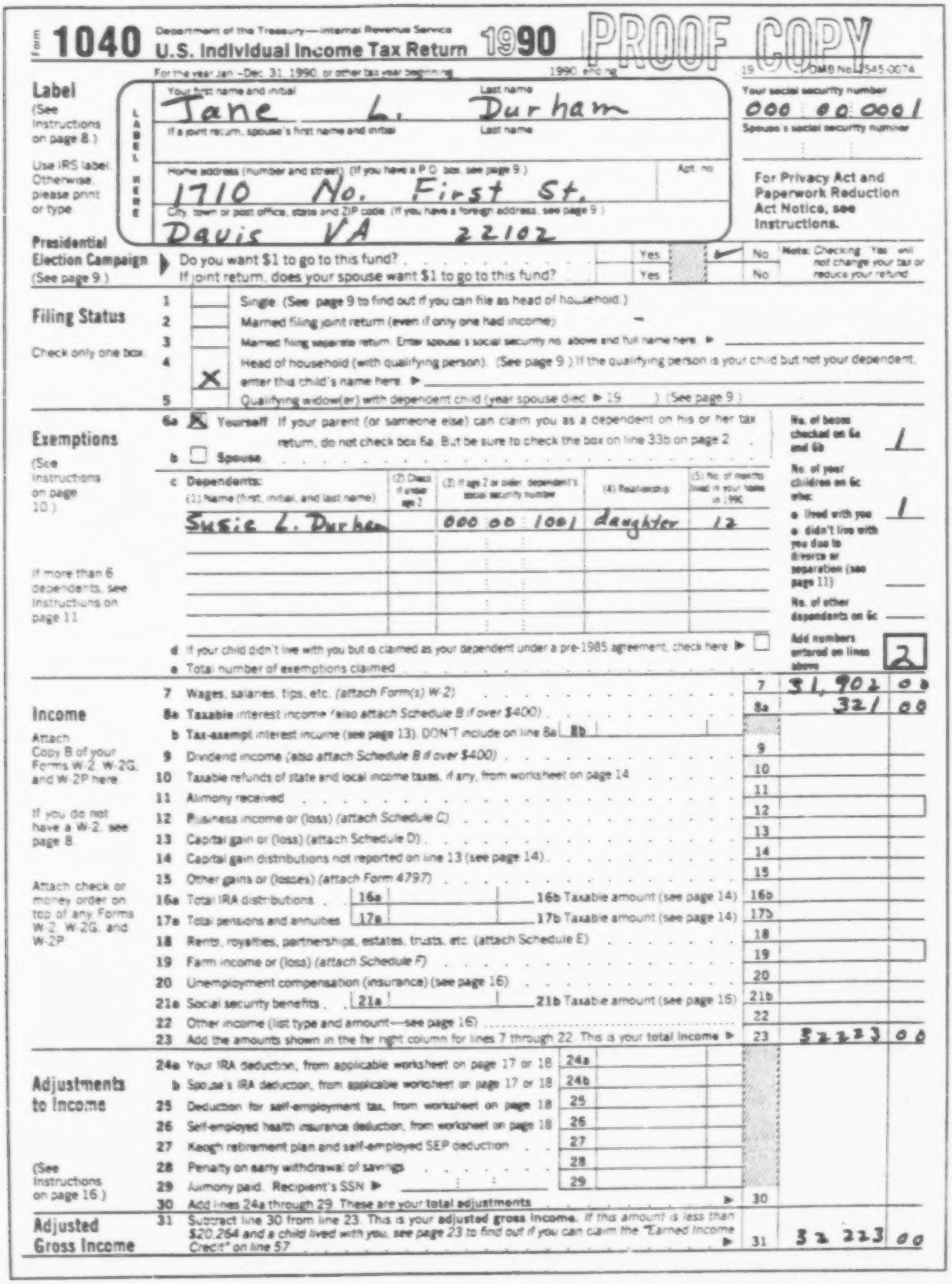
Your social security number: 000 00 1947

Medical and Dental Expenses		**Caution:** *Do not include expenses reimbursed or paid by others.*						
	1	Medical and dental expenses. (See page 27 of the Instructions.)	1	1850	-			
	2	Enter amount from Form 1040, line 32. | 2 | 12 823 | -						
	3	Multiply the amount on line 2 by 7.5% (.075). Enter the result	3	962	-			
	4	Subtract line 3 from line 1. Enter the result. If less than zero, enter -0- ▶				4	888	-
Taxes You Paid	5	State and local income taxes.	5	798	-			
	6	Real estate taxes	6	1138				
(See instructions on page 27.)	7	Other taxes. (List—include personal property taxes.) ▶	7					
	8	Add the amounts on lines 5 through 7. Enter the total ▶				8	1936	-
Interest You Paid	9a	Deductible home mortgage interest paid to financial institutions and reported to you on Form 1098. Report deductible points on line 10	9a	4100				
	b	Other deductible home mortgage interest. (If paid to an individual, show that person's name and address.) ▶	9b					
(See instructions on page 27.)	10	Deductible points. (See Instructions for special rules.)	10					
	11	Deductible investment interest (attach Form 4952 if required). (See page 28.)	11					
	12a	Personal interest you paid. (See page 28.) | 12a | 100 | 00						
	b	Multiply the amount on line 12a by 10% (.10). Enter the result	12b	10	-			
	13	Add the amounts on lines 9a through 11, and 12b. Enter the total ▶				13	4110	-
Gifts to Charity		**Caution:** *If you made a charitable contribution and received a benefit in return, see page 29 of the Instructions.*						
(See instructions on page 29.)	14	Contributions by cash or check	14	150	-			
	15	Other than cash or check. (You **MUST** attach Form 8283 if over $500.)	15					
	16	Carryover from prior year	16					
	17	Add the amounts on lines 14 through 16. Enter the total ▶				17	150	-
Casualty and Theft Losses	18	Casualty or theft loss(es) (attach Form 4684). (See page 29 of the Instructions.) ▶				18		
Moving Expenses	19	Moving expenses (attach Form 3903 or 3903F). (See page 30 of the Instructions.) ▶				19		
Job Expenses and Most Other Miscellaneous Deductions	20	Unreimbursed employee expenses—job travel, union dues, job education, etc. (You MUST attach Form 2106 in some cases. See Instructions.) ▶ Union Dues	20	150	-			
	21	Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount ▶ Tax Prep Fee $50	21	50	-			
(See instructions on page 30 for expenses to deduct here.)	22	Add the amounts on lines 20 and 21. Enter the total	22	200	-			
	23	Enter amount from Form 1040, line 32. | 23 | 12 823 | -						
	24	Multiply the amount on line 23 by 2% (.02). Enter the result	24	256	-			
	25	Subtract line 24 from line 22. Enter the result. If less than zero, enter -0-				25	-0	-
Other Miscellaneous Deductions	26	Other (from list on page 30 of Instructions). List type and amount ▶				26		
Total Itemized Deductions	27	Add the amounts on lines 4, 8, 13, 17, 18, 19, 25, and 26. Enter the total here. Then enter on Form 1040, line 34, the LARGER of this total or your standard deduction from page 20 of the Instructions ▶				27	7084	

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 1990

4. Jane Durham/ Sarah Bench



Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **1990** PROOF COPY

For the year Jan.–Dec. 31, 1990, or other tax year beginning , 1990, ending , 19 OMB No. 1545-0074

Label (See instructions on page 8.) Use IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial: Jane L. Last name: Durham
Your social security number: 000 00 0001
If a joint return, spouse's first name and initial Last name
Spouse's social security number
Home address (number and street). (If you have a P.O. box, see page 9.): 1710 No. First St. Apt. no.
City, town or post office, state and ZIP code. (If you have a foreign address, see page 9.): Davis VA 22102

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Presidential Election Campaign (See page 9.)
Do you want $1 to go to this fund? Yes [✓ No]
If joint return, does your spouse want $1 to go to this fund? Yes No
Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status

Check only one box.

1 ☐ Single. (See page 9 to find out if you can file as head of household.)
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶
4 ☒ Head of household (with qualifying person). (See page 9.) If the qualifying person is your child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 9.)

Exemptions (See Instructions on page 10.)

6a ☒ **Yourself** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2.
b ☐ **Spouse**

No. of boxes checked on 6a and 6b: 1

c Dependents:

(1) Name (first, initial, and last name)	(2) Check if under age 2	(3) If age 2 or older, dependent's social security number	(4) Relationship	(5) No. of months lived in your home in 1990
Susie L. Durham		000 00 1001	daughter	12

If more than 6 dependents, see Instructions on page 11.

No. of your children on 6c who:
- lived with you: 1
- didn't live with you due to divorce or separation (see page 11):

No. of other dependents on 6c:

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed

Add numbers entered on lines above: 2

Income

Attach Copy B of your Forms W-2, W-2G, and W-2P here.

If you do not have a W-2, see page 8.

Attach check or money order on top of any Forms W-2, W-2G, and W-2P.

7	Wages, salaries, tips, etc. *(attach Form(s) W-2)*	7	31,902 00
8a	**Taxable** interest income *(also attach Schedule B if over $400)*	8a	321 00
b	**Tax-exempt** interest income (see page 13). DON'T include on line 8a 8b		
9	Dividend income *(also attach Schedule B if over $400)*	9	
10	Taxable refunds of state and local income taxes, *if any, from worksheet on page 14*	10	
11	Alimony received	11	
12	Business income or (loss) *(attach Schedule C)*	12	
13	Capital gain or (loss) (attach Schedule D)	13	
14	Capital gain distributions not reported on line 13 (see page 14)	14	
15	Other gains or (losses) *(attach Form 4797)*	15	
16a	Total IRA distributions 16a — 16b Taxable amount (see page 14)	16b	
17a	Total pensions and annuities 17a — 17b Taxable amount (see page 14)	17b	
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18	
19	Farm income or (loss) *(attach Schedule F)*	19	
20	Unemployment compensation (insurance) (see page 16)	20	
21a	Social security benefits 21a — 21b Taxable amount (see page 16)	21b	
22	Other income (list type and amount—see page 16)	22	
23	Add the amounts shown in the far right column for lines 7 through 22. This is your **total income** ▶	23	32223 00

Adjustments to Income (See Instructions on page 16.)

24a	Your IRA deduction, from applicable worksheet on page 17 or 18	24a	
b	Spouse's IRA deduction, from applicable worksheet on page 17 or 18	24b	
25	Deduction for self-employment tax, from worksheet on page 18	25	
26	Self-employed health insurance deduction, from worksheet on page 18	26	
27	Keogh retirement plan and self-employed SEP deduction	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid. Recipient's SSN ▶	29	
30	Add lines 24a through 29. These are your **total adjustments** ▶	30	

Adjusted Gross Income

31	Subtract line 30 from line 23. This is your **adjusted gross income.** *If this amount is less than $20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57* ▶	31	32 223 00

Form 1040 (1990) PROOF COPY Page **2**

Tax Computation If you want IRS to figure your tax, see Instructions on page 19.	32	Amount from line 31 (adjusted gross income)				32	32,223	–
	33a	Check if: ☐ **You** were 65 or older ☐ Blind; ☐ **Spouse** was 65 or older ☐ Blind. Add the number of boxes checked and enter the total here ▶ 33a ☐						
	b	If your parent (or someone else) can claim you as a dependent, check here ▶ 33b ☐						
	c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here ▶ 33c ☐						
	34	Enter the **larger** of: • Your **standard deduction** (from applicable chart (or worksheet) on page 20), **OR** • Your **itemized deductions** (from Schedule A, line 27). If you itemize, attach Schedule A and check here ▶ ☐				34	5573	–
	35	Subtract line 34 from line 32				35	26650	–
	36	Multiply $2,050 by the total number of exemptions claimed on line 6e				36	4100	–
	37	**Taxable income.** Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)				37	22550	–
	38	Enter tax. Check if from: a ☑ Tax Table, b ☐ Tax Rate Schedules, or c ☐ Form 8615 (see page 21) (If any is from Form(s) 8814, enter that amount here ▶)				38	3386	–
	39	Additional taxes (see page 21). Check if from: a ☐ Form 4970 b ☐ Form 4972				39		
	40	Add lines 38 and 39 ▶				40	3386	–
Credits (See Instructions on page 21.)	41	Credit for child and dependent care expenses *(attach Form 2441)*	41					
	42	Credit for the elderly or the disabled *(attach Schedule R)*	42					
	43	Foreign tax credit *(attach Form 1116)*	43					
	44	General business credit. Check if from: a ☐ Form 3800 or b ☐ Form (specify) ______	44					
	45	Credit for prior year minimum tax (attach Form 8801)	45					
	46	Add lines 41 through 45				46		
	47	Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-.) ▶				47	3386	–
Other Taxes	48	Self-employment tax *(attach Schedule SE)*				48		
	49	Alternative minimum tax *(attach Form 6251)*				49		
	50	Recapture taxes (see page 22). Check if from: a ☐ Form 4255 b ☐ Form 8611				50		
	51	Social security tax on tip income not reported to employer *(attach Form 4137)*				51		
	52	Tax on an IRA or a qualified retirement plan *(attach Form 5329)*				52		
	53	Advance earned income credit payments, from Form W-2				53		
	54	Add lines 47 through 53. This is your **total tax** ▶				54	3386	–
Payments Attach Forms W-2, W-2G, and W-2P to front.	55	Federal income tax withheld **(If any is from Form(s) 1099, check ▶ ☐)**	55	3286	–			
	56	1990 estimated tax payments and amount applied from 1989 return	56					
	57	**Earned income credit** (see page 23)	57					
	58	Amount paid with Form 4868 (extension request)	58					
	59	Excess social security tax and RRTA tax withheld (see page 24)	59					
	60	Credit for Federal tax on fuels *(attach Form 4136)*	60					
	61	Regulated investment company credit *(attach Form 2439)*	61					
	62	Add lines 55 through 61. These are your **total payments** ▶				62	3286	
Refund or Amount You Owe	63	If line 62 is more than line 54, enter amount **OVERPAID** ▶				63		
	64	Amount of line 63 to be **REFUNDED TO YOU** ▶				64		
	65	Amount of line 63 to be **APPLIED TO YOUR 1991 ESTIMATED TAX** ▶	65					
	66	If line 54 is more than line 62, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040" on it				66	100	
	67	Estimated tax penalty (see page 25)	67					

Sign Here

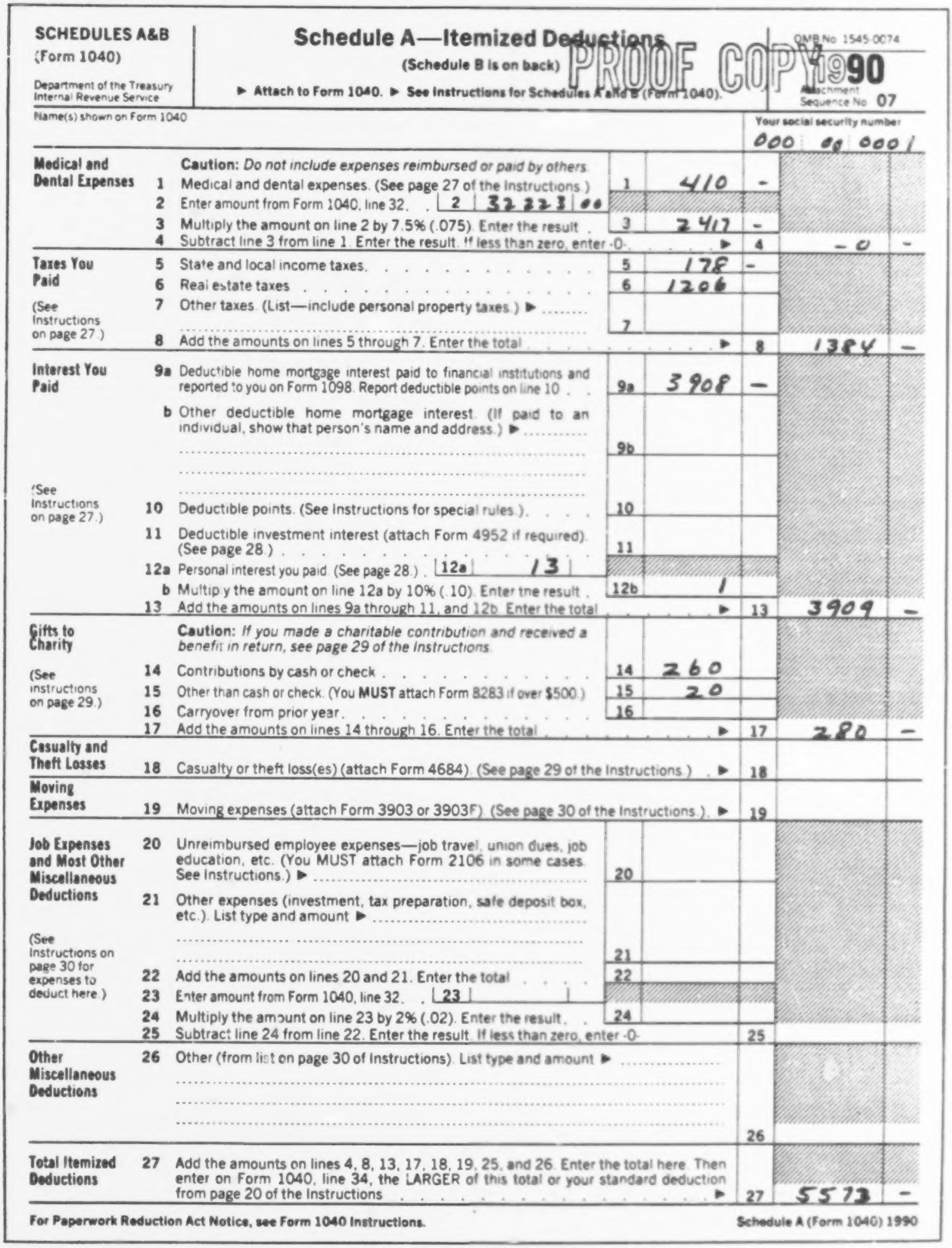
(Keep a copy of this return for your records.)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Your signature	Date	Your occupation
▶ Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's social security no.
Firm's name (or yours if self-employed) and address ▶			E.I. No.
			ZIP code



SCHEDULES A&B
(Form 1040)
Department of the Treasury
Internal Revenue Service

Schedule A—Itemized Deductions

(Schedule B is on back)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

PROOF COPY

OMB No. 1545-0074
1990
Attachment Sequence No. 07

Name(s) shown on Form 1040

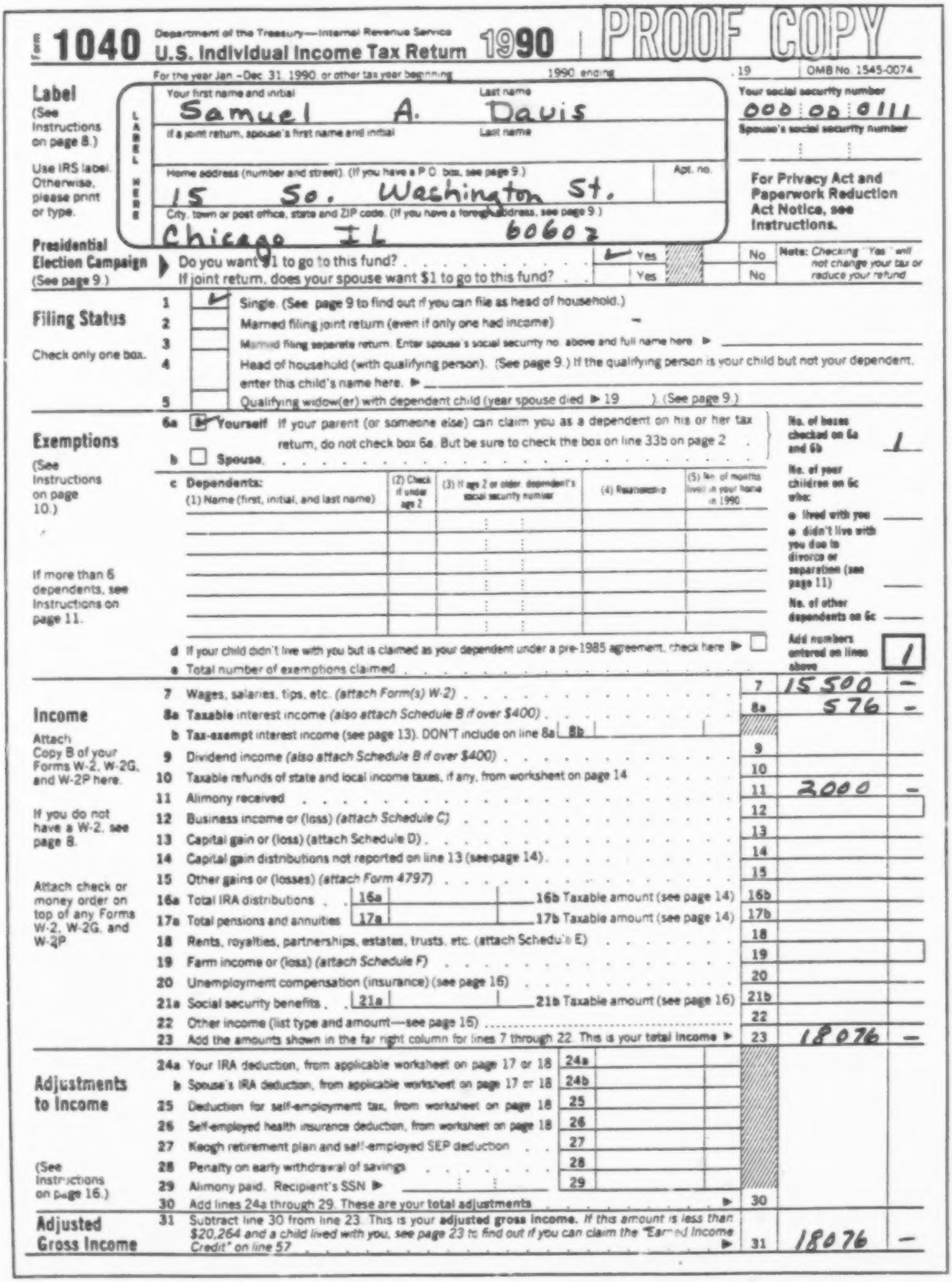
Your social security number 000 00 0001

Medical and Dental Expenses		**Caution:** *Do not include expenses reimbursed or paid by others.*				
	1	Medical and dental expenses. (See page 27 of the Instructions.)	1	410 -		
	2	Enter amount from Form 1040, line 32. 2 32223 00				
	3	Multiply the amount on line 2 by 7.5% (.075). Enter the result	3	2417 -		
	4	Subtract line 3 from line 1. Enter the result. If less than zero, enter -0- ▶			4	-0 -
Taxes You Paid (See Instructions on page 27.)	5	State and local income taxes	5	178 -		
	6	Real estate taxes	6	1206		
	7	Other taxes. (List—include personal property taxes.) ▶	7			
	8	Add the amounts on lines 5 through 7. Enter the total ▶			8	1384 -
Interest You Paid (See Instructions on page 27.)	9a	Deductible home mortgage interest paid to financial institutions and reported to you on Form 1098. Report deductible points on line 10	9a	3908 -		
	b	Other deductible home mortgage interest. (If paid to an individual, show that person's name and address.) ▶	9b			
	10	Deductible points. (See Instructions for special rules.)	10			
	11	Deductible investment interest (attach Form 4952 if required). (See page 28.)	11			
	12a	Personal interest you paid. (See page 28.) 12a 13				
	b	Multiply the amount on line 12a by 10% (.10). Enter the result	12b	1		
	13	Add the amounts on lines 9a through 11, and 12b. Enter the total ▶			13	3909 -
Gifts to Charity (See instructions on page 29.)		**Caution:** *If you made a charitable contribution and received a benefit in return, see page 29 of the Instructions.*				
	14	Contributions by cash or check	14	260		
	15	Other than cash or check. (You **MUST** attach Form 8283 if over $500.)	15	20		
	16	Carryover from prior year	16			
	17	Add the amounts on lines 14 through 16. Enter the total ▶			17	280 -
Casualty and Theft Losses	18	Casualty or theft loss(es) (attach Form 4684). (See page 29 of the Instructions.) ▶			18	
Moving Expenses	19	Moving expenses (attach Form 3903 or 3903F). (See page 30 of the Instructions.) ▶			19	
Job Expenses and Most Other Miscellaneous Deductions (See Instructions on page 30 for expenses to deduct here.)	20	Unreimbursed employee expenses—job travel, union dues, job education, etc. (You MUST attach Form 2106 in some cases. See Instructions.) ▶	20			
	21	Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount ▶	21			
	22	Add the amounts on lines 20 and 21. Enter the total	22			
	23	Enter amount from Form 1040, line 32. 23				
	24	Multiply the amount on line 23 by 2% (.02). Enter the result	24			
	25	Subtract line 24 from line 22. Enter the result. If less than zero, enter -0-			25	
Other Miscellaneous Deductions	26	Other (from list on page 30 of Instructions). List type and amount ▶			26	
Total Itemized Deductions	27	Add the amounts on lines 4, 8, 13, 17, 18, 19, 25, and 26. Enter the total here. Then enter on Form 1040, line 34, the LARGER of this total or your standard deduction from page 20 of the Instructions ▶			27	5573 -

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 1990

5. Samuel Davis/ Mary Malloy



Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **1990** PROOF COPY

For the year Jan.–Dec. 31, 1990, or other tax year beginning , 1990, ending , 19 | OMB No. 1545-0074

Label (See Instructions on page 8.)
Use IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial: Samuel A. Last name: Davis
Your social security number: 000 00 0111
If a joint return, spouse's first name and initial — Last name
Spouse's social security number
Home address (number and street). (If you have a P.O. box, see page 9.): 15 So. Washington St. Apt. no.
City, town or post office, state and ZIP code. (If you have a foreign address, see page 9.): Chicago IL 60602

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Presidential Election Campaign (See page 9.)
Do you want $1 to go to this fund? ✓ Yes ☐ No
If joint return, does your spouse want $1 to go to this fund? ☐ Yes ☐ No
Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status
Check only one box.

1 ☑ Single. (See page 9 to find out if you can file as head of household.)
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 9.) If the qualifying person is your child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 9.)

Exemptions (See Instructions on page 10.)

6a ☑ **Yourself** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2
b ☐ **Spouse**
No. of boxes checked on 6a and 6b: 1

c **Dependents:**

(1) Name (first, initial, and last name)	(2) Check if under age 2	(3) If age 2 or older, dependent's social security number	(4) Relationship	(5) No. of months lived in your home in 1990

If more than 6 dependents, see Instructions on page 11.

No. of your children on 6c who:
- lived with you
- didn't live with you due to divorce or separation (see page 11)

No. of other dependents on 6c

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed
Add numbers entered on lines above: 1

Income
Attach Copy B of your Forms W-2, W-2G, and W-2P here.
If you do not have a W-2, see page 8.
Attach check or money order on top of any Forms W-2, W-2G, and W-2P.

7	Wages, salaries, tips, etc. *(attach Form(s) W-2)*	7	15500 –
8a	**Taxable** interest income *(also attach Schedule B if over $400)*	8a	576 –
b	**Tax-exempt** interest income (see page 13). DON'T include on line 8a 8b		
9	Dividend income *(also attach Schedule B if over $400)*	9	
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 14	10	
11	Alimony received	11	2000 –
12	Business income or (loss) *(attach Schedule C)*	12	
13	Capital gain or (loss) (attach Schedule D)	13	
14	Capital gain distributions not reported on line 13 (see page 14)	14	
15	Other gains or (losses) *(attach Form 4797)*	15	
16a	Total IRA distributions 16a — 16b Taxable amount (see page 14)	16b	
17a	Total pensions and annuities 17a — 17b Taxable amount (see page 14)	17b	
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18	
19	Farm income or (loss) *(attach Schedule F)*	19	
20	Unemployment compensation (insurance) (see page 16)	20	
21a	Social security benefits 21a — 21b Taxable amount (see page 16)	21b	
22	Other income (list type and amount—see page 16)	22	
23	Add the amounts shown in the far right column for lines 7 through 22. This is your **total income** ▶	23	18076 –

Adjustments to Income (See Instructions on page 16.)

24a	Your IRA deduction, from applicable worksheet on page 17 or 18	24a	
b	Spouse's IRA deduction, from applicable worksheet on page 17 or 18	24b	
25	Deduction for self-employment tax, from worksheet on page 18	25	
26	Self-employed health insurance deduction, from worksheet on page 18	26	
27	Keogh retirement plan and self-employed SEP deduction	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid. Recipient's SSN ▶	29	
30	Add lines 24a through 29. These are your **total adjustments** ▶	30	

Adjusted Gross Income

31 Subtract line 30 from line 23. This is your **adjusted gross income.** *If this amount is less than $20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57* ▶ 31 18076 –

Form 1040 (1990) PROOF COPY Page **2**

Tax Computation If you want IRS to figure your tax, see Instructions on page 19.	32	Amount from line 31 (adjusted gross income)			32	18076
	33a	Check if: ☐ **You** were 65 or older ☐ Blind; ☐ **Spouse** was 65 or older ☐ Blind. Add the number of boxes checked and enter the total here ▶	33a			
	b	If your parent (or someone else) can claim you as a dependent, check here ▶	33b ☐			
	c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here ▶	33c ☐			
	34	Enter the **larger** of: • Your **standard deduction** (from applicable chart (or worksheet) on page 20), **OR** • Your **itemized deductions** (from Schedule A, line 27). If you itemize, attach Schedule A and check here ▶ ☐			34	3250
	35	Subtract line 34 from line 32			35	14826
	36	Multiply $2,050 by the total number of exemptions claimed on line 6e			36	2050
	37	**Taxable income.** Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)			37	12776
	38	Enter tax. Check if from: a ☑ Tax Table, b ☐ Tax Rate Schedules, or c ☐ Form 8615 (see page 21) (If any is from Form(s) 8814, enter that amount here ▶ ______ .)			38	1916
	39	Additional taxes (see page 21). Check if from: a ☐ Form 4970 b ☐ Form 4972			39	
	40	Add lines 38 and 39 ▶			40	1916
Credits (See Instructions on page 21.)	41	Credit for child and dependent care expenses *(attach Form 2441)*	41			
	42	Credit for the elderly or the disabled *(attach Schedule R)*	42			
	43	Foreign tax credit *(attach Form 1116)*	43			
	44	General business credit. Check if from: a ☐ Form 3800 or b ☐ Form (specify) ______	44			
	45	Credit for prior year minimum tax (attach Form 8801)	45			
	46	Add lines 41 through 45			46	
	47	Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-.) ▶			47	1916
Other Taxes	48	Self-employment tax *(attach Schedule SE)*			48	
	49	Alternative minimum tax *(attach Form 6251)*			49	
	50	Recapture taxes (see page 22). Check if from: a ☐ Form 4255 b ☐ Form 8611			50	
	51	Social security tax on tip income not reported to employer *(attach Form 4137)*			51	
	52	Tax on an IRA or a qualified retirement plan *(attach Form 5329)*			52	
	53	Advance earned income credit payments, from Form W-2			53	
	54	Add lines 47 through 53. This is your **total tax** ▶			54	1916
Payments Attach Forms W-2, W-2G, and W-2P to front.	55	Federal income tax withheld **(If any is from Form(s) 1099, check ▶ ☐)**	55	2593		
	56	1990 estimated tax payments and amount applied from 1989 return	56			
	57	**Earned income credit** (see page 23)	57			
	58	Amount paid with Form 4868 (extension request)	58			
	59	Excess social security tax and RRTA tax withheld (see page 24)	59			
	60	Credit for Federal tax on fuels *(attach Form 4136)*	60			
	61	Regulated investment company credit *(attach Form 2439)*	61			
	62	Add lines 55 through 61. These are your **total payments** ▶			62	2593
Refund or Amount You Owe	63	If line 62 is more than line 54, enter amount **OVERPAID** ▶			63	677
	64	Amount of line 63 to be **REFUNDED TO YOU** ▶			64	677
	65	Amount of line 63 to be **APPLIED TO YOUR 1991 ESTIMATED TAX** ▶	65			
	66	If line 54 is more than line 62, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040" on it			66	
	67	Estimated tax penalty (see page 25)	67			

Sign Here

(Keep a copy of this return for your records.)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature | Date | Your occupation

Spouse's signature (if joint return, BOTH must sign) | Date | Spouse's occupation

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ☐ | Preparer's social security no.

Firm's name (or yours if self-employed) and address | E.I. No | ZIP code

Schedules A&B (Form 1040) 1990 OMB No. 1545-0074 Page 2

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.) Samuel A. Davis

Your social security number 000 00 0111

Schedule B—Interest and Dividend Income

Attachment Sequence No. 08

Part I Interest Income

(See Instructions on pages 13 and 30.)

If you received more than $400 in taxable interest income, or you are claiming the exclusion of interest from series EE U.S. savings bonds issued after 1989 (see page 30), you must complete Part I. List ALL interest received in Part I. If you received more than $400 in taxable interest income, you must also complete Part III. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page 31.

Interest Income

			Amount	
1	Interest income. (List name of payer—if any interest income is from seller-financed mortgages, see Instructions and list this interest first.) ▶	1		
	First National Bank		576	–
2	Add the amounts on line 1. Enter the total	2	576	–
3	Enter the excludable savings bond interest, if any, from Form 8815, line 14. Attach Form 8815 to Form 1040	3		
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	576	–

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Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Part II Dividend Income

(See Instructions on pages 13 and 31.)

If you received more than $400 in gross dividends and/or other distributions on stock, you must complete Parts II and III. If you received, as a nominee, dividends that actually belong to another person, see page 31.

Dividend Income

					Amount	
5	Dividend income. (List name of payer—include on this line capital gain distributions, nontaxable distributions, etc.) ▶			5		
6	Add the amounts on line 5. Enter the total			6		
7	Capital gain distributions. Enter here and on Schedule*	7				
8	Nontaxable distributions. (See the Instructions for Form 1040, line 9.)	8				
9	Add the amounts on lines 7 and 8. Enter the total			9		
10	Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶			10		

Note: If you received a Form 1099-DIV, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

**If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the Instructions for Form 1040, lines 13 and 14.*

Part III Foreign Accounts and Foreign Trusts

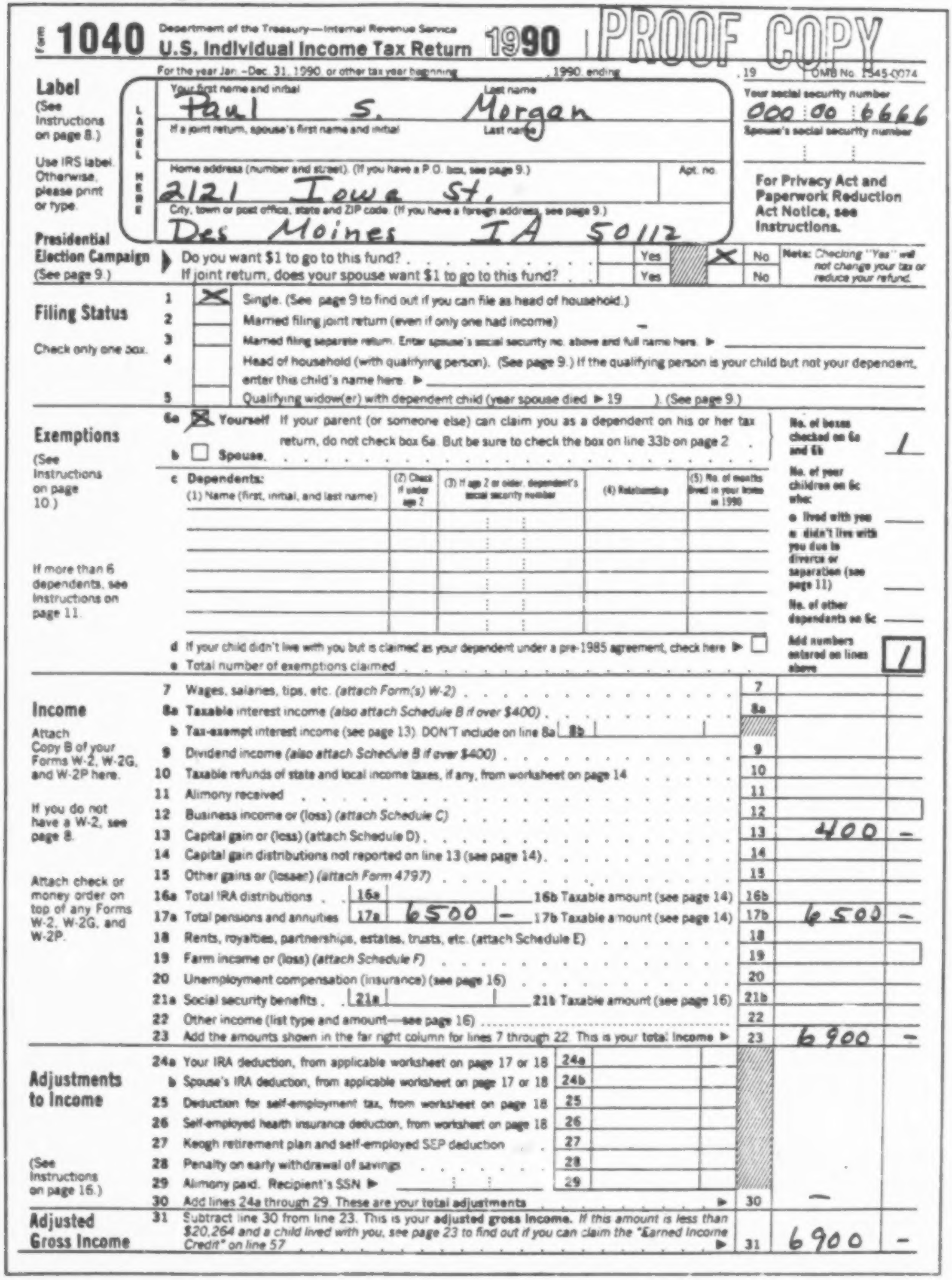
(See Instructions on page 31.)

	If you received more than $400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.	Yes	No
11a	At any time during 1990, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 31 of the Instructions for exceptions and filing requirements for Form TD F 90-22.1.)		✓
b	If "Yes," enter the name of the foreign country ▶		
12	Were you the grantor of, or transferor to, a foreign trust that existed during 1990, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926		✓

For Paperwork Reduction Act Notice, see Form 1040 Instructions. **Schedule B (Form 1040) 1990**

Retest, Part IV

1. Paul Morgan/ Paulette Macon



Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **1990** PROOF COPY

For the year Jan.–Dec. 31, 1990, or other tax year beginning , 1990, ending , 19 OMB No. 1545-0074

Label (See Instructions on page 8.) Use IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial: Paul S. Last name: Morgan
Your social security number: 000 : 00 : 6666
If a joint return, spouse's first name and initial Last name
Spouse's social security number
Home address (number and street). (If you have a P.O. box, see page 9.): 2121 Iowa St. Apt. no.
City, town or post office, state and ZIP code. (If you have a foreign address, see page 9.): Des Moines IA 50112

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Presidential Election Campaign (See page 9.)
Do you want $1 to go to this fund? ☐ Yes ☒ No
If joint return, does your spouse want $1 to go to this fund? ☐ Yes ☐ No
Note: *Checking "Yes" will not change your tax or reduce your refund.*

Filing Status
Check only one box.

1 ☒ Single. (See page 9 to find out if you can file as head of household.)
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 9.) If the qualifying person is your child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 9.)

Exemptions (See Instructions on page 10.)

6a ☒ **Yourself** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2.
b ☐ **Spouse.**
No. of boxes checked on 6a and 6b: 1

c **Dependents:**

(1) Name (first, initial, and last name)	(2) Check if under age 2	(3) If age 2 or older, dependent's social security number	(4) Relationship	(5) No. of months lived in your home in 1990
		: :		
		: :		
		: :		
		: :		
		: :		
		: :		

If more than 6 dependents, see Instructions on page 11.

No. of your children on 6c who:
- lived with you ____
- didn't live with you due to divorce or separation (see page 11) ____

No. of other dependents on 6c ____

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed
Add numbers entered on lines above: 1

Income
Attach Copy B of your Forms W-2, W-2G, and W-2P here.
If you do not have a W-2, see page 8.
Attach check or money order on top of any Forms W-2, W-2G, and W-2P.

7	Wages, salaries, tips, etc. *(attach Form(s) W-2)*	7	
8a	**Taxable** interest income *(also attach Schedule B if over $400)*	8a	
b	**Tax-exempt** interest income (see page 13). DON'T include on line 8a 8b		
9	Dividend income *(also attach Schedule B if over $400)*	9	
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 14	10	
11	Alimony received	11	
12	Business income or (loss) *(attach Schedule C)*	12	
13	Capital gain or (loss) (attach Schedule D)	13	400 –
14	Capital gain distributions not reported on line 13 (see page 14)	14	
15	Other gains or (losses) *(attach Form 4797)*	15	
16a	Total IRA distributions 16a — 16b Taxable amount (see page 14)	16b	
17a	Total pensions and annuities 17a 6500 – 17b Taxable amount (see page 14)	17b	6500 –
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18	
19	Farm income or (loss) *(attach Schedule F)*	19	
20	Unemployment compensation (insurance) (see page 16)	20	
21a	Social security benefits 21a — 21b Taxable amount (see page 16)	21b	
22	Other income (list type and amount—see page 16)	22	
23	Add the amounts shown in the far right column for lines 7 through 22. This is your **total income** ▶	23	6900 –

Adjustments to Income (See Instructions on page 16.)

24a	Your IRA deduction, from applicable worksheet on page 17 or 18	24a	
b	Spouse's IRA deduction, from applicable worksheet on page 17 or 18	24b	
25	Deduction for self-employment tax, from worksheet on page 18	25	
26	Self-employed health insurance deduction, from worksheet on page 18	26	
27	Keogh retirement plan and self-employed SEP deduction	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid. Recipient's SSN ▶ : :	29	
30	Add lines 24a through 29. These are your **total adjustments** ▶	30	–

Adjusted Gross Income

31	Subtract line 30 from line 23. This is your **adjusted gross income.** *If this amount is less than $20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57* ▶	31	6900 –

Form 1040 (1990) **PROOF COPY** Page 2

Tax Computation If you want IRS to figure your tax, see Instructions on page 19.	32	Amount from line 31 (adjusted gross income)	32	6,900
	33a	Check if: ☐ You were 65 or older ☐ Blind; ☐ **Spouse** was 65 or older ☐ Blind. Add the number of boxes checked and enter the total here ▶ 33a ☐		
	b	If your parent (or someone else) can claim you as a dependent, check here ▶ 33b ☐		
	c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here ▶ 33c ☐		
	34	Enter the **larger** of: • Your **standard deduction** (from applicable chart (or worksheet) on page 20), **OR** • Your **itemized deductions** (from Schedule A, line 27). If you itemize, attach Schedule A and check here ▶ ☐	34	3250
	35	Subtract line 34 from line 32	35	3650
	36	Multiply $2,050 by the total number of exemptions claimed on line 6e	36	2050
	37	**Taxable income.** Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)	37	1600
	38	Enter tax. Check if from: a ☒ Tax Table, b ☐ Tax Rate Schedules, or c ☐ Form 8615 (see page 21) (If any is from Form(s) 8814, enter that amount here ▶ ______ .)	38	242
	39	Additional taxes (see page 21). Check if from: a ☐ Form 4970 b ☐ Form 4972	39	
	40	Add lines 38 and 39 ▶	40	242

Credits (See Instructions on page 21.)	41	Credit for child and dependent care expenses *(attach Form 2441)*	41			
	42	Credit for the elderly or the disabled *(attach Schedule R)*	42			
	43	Foreign tax credit *(attach Form 1116)*	43			
	44	General business credit. Check if from: a ☐ Form 3800 or b ☐ Form (specify) ______	44			
	45	Credit for prior year minimum tax (attach Form 8801)	45			
	46	Add lines 41 through 45			46	—
	47	Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-.) ▶			47	242

Other Taxes	48	Self-employment tax *(attach Schedule SE)*	48	
	49	Alternative minimum tax *(attach Form 6251)*	49	
	50	Recapture taxes (see page 22). Check if from: a ☐ Form 4255 b ☐ Form 8611	50	
	51	Social security tax on tip income not reported to employer *(attach Form 4137)*	51	
	52	Tax on an IRA or a qualified retirement plan *(attach Form 5329)*	52	
	53	Advance earned income credit payments, from Form W-2	53	
	54	Add lines 47 through 53. This is your **total tax** ▶	54	242

Payments Attach Forms W-2, W-2G, and W-2P to front.	55	Federal income tax withheld **(If any is from Form(s) 1099, check ▶ ☐)**	55			
	56	1990 estimated tax payments and amount applied from 1989 return	56			
	57	**Earned income credit** (see page 23)	57			
	58	Amount paid with Form 4868 (extension request)	58			
	59	Excess social security tax and RRTA tax withheld (see page 24)	59			
	60	Credit for Federal tax on fuels *(attach Form 4136)*	60			
	61	Regulated investment company credit *(attach Form 2439)*	61			
	62	Add lines 55 through 61. These are your **total payments** ▶			62	—

Refund or Amount You Owe	63	If line 62 is more than line 54, enter amount **OVERPAID** ▶			63	
	64	Amount of line 63 to be **REFUNDED TO YOU** ▶			64	
	65	Amount of line 63 to be **APPLIED TO YOUR 1991 ESTIMATED TAX** ▶	65			
	66	If line 54 is more than line 62, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040" on it			66	242 —
	67	Estimated tax penalty (see page 25)	67			

Sign Here

(Keep a copy of this return for your records.)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Your signature	Date	Your occupation
▶ Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's social security no.
Firm's name (or yours if self-employed) and address ▶			E.I. No.
			ZIP code

SCHEDULE D
(Form 1040)
Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

(And Reconciliation of Forms 1099-B for Bartering Transactions)

PROOF COPY

► **Attach to Form 1040.** ► **See Instructions for Schedule D (Form 1040).**
► **For more space to list transactions for lines 2a and 9a, get Schedule D-1 (Form 1040).**

OMB No. 1545-0074
1990
Attachment Sequence No. **12A**

Name(s) shown on Form 1040: Paul S Morgan
Your social security number: 000 00 6666

1 Enter the total sales of stocks, bonds, etc., and real estate transactions reported to you for 1990 on Forms 1099-B and 1099-S or on an equivalent substitute statement(s). If this amount differs from the total of lines 2c and 9c, column (d), attach a statement explaining the difference. See line 1 Instructions for examples . . . **1** 8000 —

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	**(b)** Date acquired (Mo., day, yr.)	**(c)** Date sold (Mo., day, yr.)	**(d)** Sales price (see Instructions)	**(e)** Cost or other basis (see Instructions)	**(f)** LOSS If (e) is more than (d), subtract (d) from (e)	**(g)** GAIN If (d) is more than (e), subtract (e) from (d)
2a Stocks, Bonds, Other Securities, And Real Estate. Include All Form 1099-B And 1099-S Transactions. See Instructions.						
400 shares Iowa Paper	3/20/90	7/10/90	2,200 —	1,600 —		600 —
2b Amounts from Schedule D-1, line 2b (attach Schedule D-1) .				▨		
2c Total of All Sales Price Amounts (add column (d) of lines 2a and 2b) . . . ► **2c**				▨	▨	▨
2d Other Transactions (Do NOT include real estate transactions from Forms 1099-S. Report them on line 2a.)						

			(f)	(g)
3	Short-term gain from sale or exchange of your home from Form 2119, line 10 or 14c .	3	▨	
4	Short-term gain from installment sales from Form 6252, line 22 or 30	4	▨	
5	Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries . .	5		
6	Short-term capital loss carryover from 1989 Schedule D, line 29	6		▨
7	Add lines 2a, 2b, 2d, and 3 through 6, in columns (f) and (g)	7	( )	600 —
8	**Net short-term gain or (loss).** Combine columns (f) and (g) of line 7	8		600 —

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

(a) Description of property	**(b)** Date acquired	**(c)** Date sold	**(d)** Sales price	**(e)** Cost or other basis	**(f)** LOSS	**(g)** GAIN
9a Stocks, Bonds, Other Securities, And Real Estate. Include All Form 1099-B And 1099-S Transactions. See Instructions.						
300 shares American Eng	6/15/83	7/10/90	5800 —	6000 —	200 —	
9b Amounts from Schedule D-1, line 9b (attach Schedule D-1) .				▨		
9c Total of All Sales Price Amounts (add column (d) of lines 9a and 9b) . . . ► **9c**				▨	▨	▨
9d Other Transactions (Do NOT include real estate transactions from Forms 1099-S. Report them on line 9a.)						

			(f)	(g)
10	Long-term gain from sale or exchange of your home from Form 2119, line 10 or 14c .	10	▨	
11	Long-term gain from installment sales from Form 6252, line 22 or 30	11	▨	
12	Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries . .	12		
13	Capital gain distributions	13	▨	
14	Gain from Form 4797, line 7 or 9	14	▨	
15	Long-term capital loss carryover from 1989 Schedule D, line 36	15		▨
16	Add lines 9a, 9b, 9d, and 10 through 15, in columns (f) and (g)	16	(200 —)	
17	**Net long-term gain or (loss).** Combine columns (f) and (g) of line 16	17		<200 00>

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule D (Form 1040) 1990 Attachment Sequence No. **12A** Page **2**

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.) | **Your social security number**

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Part III Summary of Parts I and II

18	Combine lines 8 and 17, and enter the net gain or (loss) here. If the result is a gain, **stop here** and also enter the gain on Form 1040, line 13	18	400
19	If line 18 is a (loss), enter here and as a (loss) on Form 1040, line 13, the **smaller** of:		
a	The (loss) on line 18; **or**		
b	($3,000) or, if married filing a separate return, ($1,500)	19	( )
	Note: *When figuring whether 19a or 19b is* **smaller**, *treat both numbers as if they are positive.*		
	Go on to Part IV if the loss on line 18 is more than $3,000 ($1,500, if married filing a separate return), OR if taxable income on Form 1040, line 37, is zero.		

Part IV Capital Loss Carryovers from 1990 to 1991

Section A.—Carryover Limit

20	Enter taxable income from Form 1040, line 37. **(If Form 1040, line 37, is zero, see Instructions for amount to enter.)**	20	
	Note: *For lines 21 through 36, enter all amounts as positive numbers.*		
21	Enter the loss on line 19	21	
22	Enter the amount on Form 1040, line 36	22	
23	Combine lines 20, 21, and 22. If zero or less, enter -0-	23	
24	**Carryover Limit.** Enter the **smaller** of line 21 or line 23	24	

Section B.—Short-Term Capital Loss Carryover to 1991

(Complete this section only if there is a loss on line 8 and line 19. Otherwise, go on to Section C.)

25	Enter the loss on line 8			25	
26	Enter the gain, if any, on line 17	26			
27	Enter the amount on line 24	27			
28	Add lines 26 and 27			28	
29	**Short-term capital loss carryover to 1991.** Subtract line 28 from line 25. If zero or less, enter -0-			29	

Section C.—Long-Term Capital Loss Carryover to 1991

(Complete this section only if there is a loss on line 17 and line 19.)

30	Enter the loss on line 17			30	
31	Enter the gain, if any, on line 8			31	
32	Enter the amount on line 24	32			
33	Enter the amount, if any, on line 25	33			
34	Subtract line 33 from line 32. If zero or less, enter -0-			34	
35	Add lines 31 and 34			35	
36	**Long-term capital loss carryover to 1991.** Subtract line 35 from line 30. If zero or less, enter -0-			36	

Part V Election Not to Use the Installment Method (Complete this part only if you elect out of the installment method and report a note or other obligation at less than full face value.)

37 Check here if you elect out of the installment method ▶ ☐

38 Enter the face amount of the note or other obligation ▶ ....

39 Enter the percentage of valuation of the note or other obligation ▶

Part VI Reconciliation of Forms 1099-B for Bartering Transactions

(Complete this part if you received one or more Forms 1099-B or equivalent substitute statements reporting bartering income.)

			Amount of bartering income from Form 1099-B or equivalent statement reported on form or schedule
40	Form 1040, line 22	40	
41	Schedule C (Form 1040)	41	
42	Schedule D (Form 1040)	42	
43	Schedule E (Form 1040)	43	
44	Schedule F (Form 1040)	44	
45	Other form or schedule (identify) (if nontaxable, indicate reason–attach additional sheets if necessary):	45	
46	Total (add lines 40 through 45)	46	

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Note: *The amount on line 46 should be the same as the total bartering income on all Forms 1099-B and equivalent statements received for bartering transactions.*

Form **2119**

Department of the Treasury
Internal Revenue Service

Sale of Your Home

► **See Separate Instructions.**

► **Please print or type.**

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OMB No 1545-0072

1990

Attachment Sequence No 20

Your first name and initial (If joint, also give spouse's name and initial.): Paul S.

Last name: Morgan

Your social security number: 000 00 6666

Fill In Your Address Only If You Are Filing This Form by Itself and Not with Your Tax Return

Present address (no., street, and apt. no., rural route, or P.O. box no. if mail not delivered to street address)

Spouse's social security number

City, town or post office, state, and ZIP code

Part I General Information

1a Date your former main home was sold (month, day, year) ► 5 / 5 / 90

b Enter the face amount of any mortgage, note (e.g., second trust), or other financial instrument on which you will receive periodic payments of principal or interest from this sale (see Instructions) ► $ —

2 Have you bought or built a new main home? ☒ Yes ☐ No

3 Is or was any part of either main home rented out or used for business? (If "Yes," see Instructions.) ☐ Yes ☒ No

Part II Gain on Sale *(Do not include amounts you deduct as moving expenses.)*

4	Selling price of home. (Do not include personal property items that you sold with your home.)	4	100,000 —
5	Expense of sale. (Include sales commissions, advertising, legal, etc.)	5	5,000 —
6	Amount realized. Subtract line 5 from line 4	6	95,000 —
7	Basis of home sold. (See Instructions.)	7	51,500 —
8a	**Gain on Sale.** Subtract line 7 from line 6	8a	43,500 —

- If zero or less, stop here and attach the form to your return.

b If you haven't replaced your home, do you plan to do so within the replacement period (see Instructions)? (If "Yes," stop here, and see Instructions for additional filing requirements.) ☐ Yes ☐ No

Part III One-Time Exclusion of Gain for People Age 55 or Older *(If you are not taking the exclusion, go to Part IV now.)*

9a Were you 55 or older on date of sale? ☐ Yes ☐ No

b Was your spouse 55 or older on date of sale? (If both lines 9a and 9b are "No," go to Part IV now.) ☐ Yes ☐ No

c Did at least one spouse who answered "Yes" to line 9a or 9b own and use the property as their main home for a total of at least 3 years (except for short absences) of the 5-year period before the sale? (If "No," go to Part IV now.) ☐ Yes ☐ No

d **If line 9c is "Yes," do you elect to take the one-time exclusion?** *(If "No," go to Part IV now.)* ☐ Yes ☐ No

e At time of sale, who owned the home? ☐ You ☐ Your spouse ☐ Both of you

f Social security number of spouse at time of sale, if you had a different spouse from the one above at time of sale. (Enter "None" if you were not married at time of sale.) ►

g **Exclusion.** Enter the **smaller** of line 8a or $125,000 ($62,500, if married filing separate return) 9g

Part IV Adjusted Sales Price, Taxable Gain and Adjusted Basis of New Home

10 If line 9g is blank, enter the amount from line 8a. Otherwise, subtract line 9g from line 8a — 10: 43,500

- If zero, stop here and attach the form to your return.
- If you answered "Yes" on line 2, go to line 11 now.
- If you are reporting the sale on the installment method, stop here and see line 1b Instructions.
- Otherwise, stop here and enter this amount on Schedule D, line 3 or line 10.

11	Fixing-up expenses. (See Instructions for time limits.)	11	—
12	**Adjusted Sales Price.** Subtract line 11 from line 6	12	95,000
13a	Date you moved into new home (month, day, year) ► 11 / 08 / 90 **b** Cost of new home	13b	110,000
14a	Add the amount on line 9g, if any, and the amount on line 13b and enter the result	14a	110,000
b	Subtract line 14a from line 12. If zero or less, enter -0-	14b	0
c	**Taxable gain.** Enter the smaller of line 10 or line 14b	14c	0

- If zero, do not enter on Schedule D, but go to lines 15 and 16 now and attach to your return.
- If you are reporting the sale on the installment method, see line 1b Instructions and go to line 15.
- Otherwise, enter this amount on Schedule D, line 3 or line 10 and complete lines 15 and 16.

15	Postponed gain. Subtract line 14c from line 10	15	43,500
16	**Adjusted basis of new home.** Subtract line 15 from line 13b	16	66,500

Sign Here Only If You Are Filing This Form by Itself and Not with Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

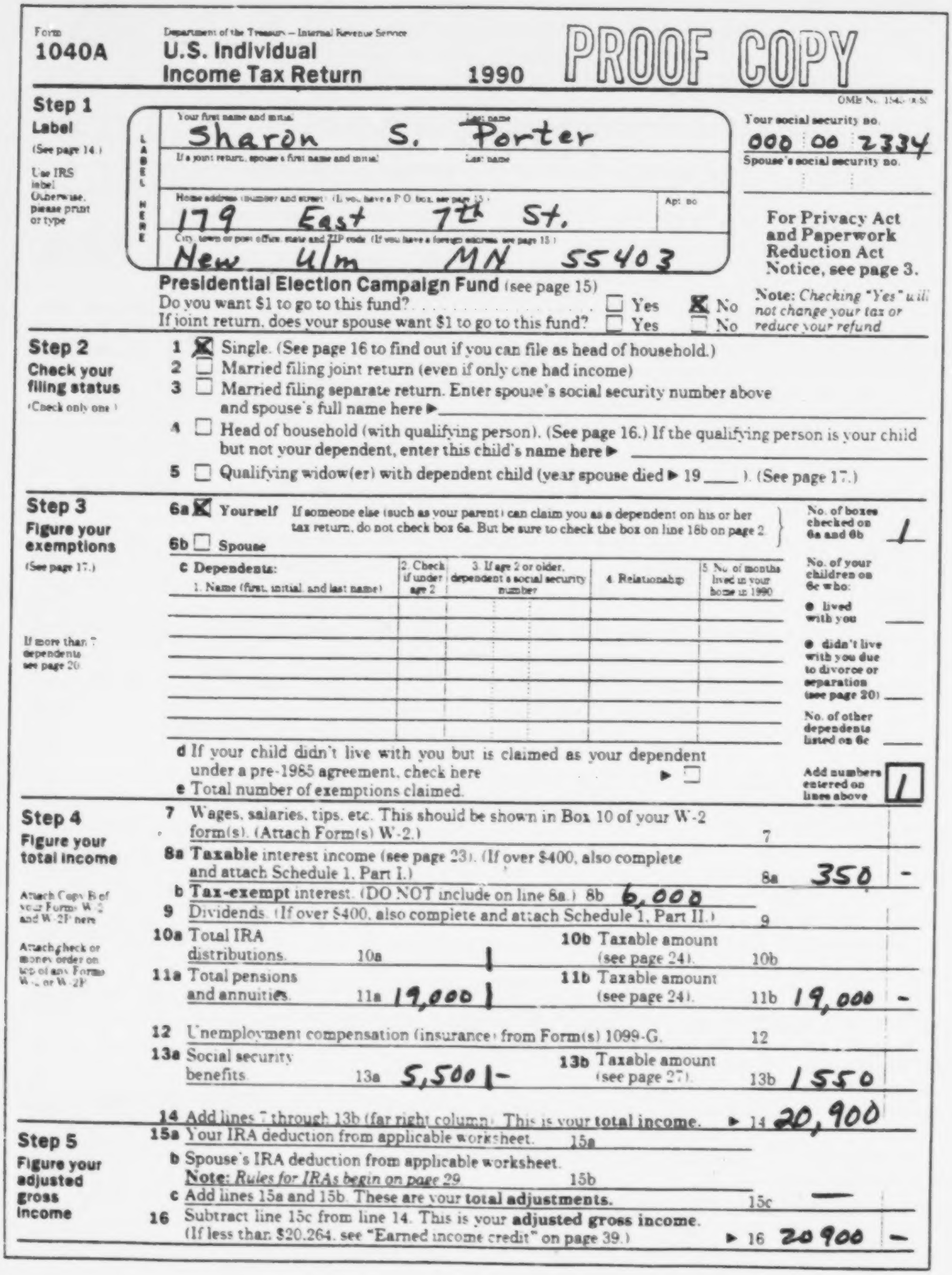
Your signature ► (If joint return, both must sign.) Date

Spouse's Signature ► Date

For Paperwork Reduction Act Notice, see separate Instructions.

Form **2119** (1990)

2. Sharon Porter/ Sam Pascal



Form **1040A** Department of the Treasury — Internal Revenue Service

U.S. Individual Income Tax Return **1990** PROOF COPY

OMB No. 1545-0085

Step 1
Label
(See page 14.)
Use IRS label. Otherwise, please print or type

LABEL HERE

Your first name and initial: Sharon S.
Last name: Porter

If a joint return, spouse's first name and initial
Last name

Home address (number and street). (If you have a P.O. box, see page 15.): 179 East 7th St.
Apt. no.

City, town or post office, state and ZIP code (If you have a foreign address, see page 15.): New Ulm MN 55403

Your social security no.: 000 00 2334
Spouse's social security no.

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Presidential Election Campaign Fund (see page 15)
Do you want $1 to go to this fund? ☐ Yes ☒ No
If joint return, does your spouse want $1 to go to this fund? ☐ Yes ☐ No
Note: *Checking "Yes" will not change your tax or reduce your refund*

Step 2
Check your filing status
(Check only one.)

1 ☒ Single. (See page 16 to find out if you can file as head of household.)
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security number above and spouse's full name here ▶
4 ☐ Head of household (with qualifying person). (See page 16.) If the qualifying person is your child but not your dependent, enter this child's name here ▶
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19____). (See page 17.)

Step 3
Figure your exemptions
(See page 17.)

6a ☒ **Yourself** If someone else (such as your parent) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 18b on page 2.
6b ☐ **Spouse**

No. of boxes checked on 6a and 6b: 1

c Dependents:

1. Name (first, initial, and last name)	2. Check if under age 2	3. If age 2 or older, dependent's social security number	4. Relationship	5. No. of months lived in your home in 1990

If more than 7 dependents, see page 20.

No. of your children on 6c who:
- lived with you ____
- didn't live with you due to divorce or separation (see page 20) ____

No. of other dependents listed on 6c ____

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed.

Add numbers entered on lines above: 1

Step 4
Figure your total income

Attach Copy B of your Forms W-2 and W-2P here

Attach check or money order on top of any Forms W-2 or W-2P

7	Wages, salaries, tips, etc. This should be shown in Box 10 of your W-2 form(s). (Attach Form(s) W-2.)	7	
8a	**Taxable** interest income (see page 23). (If over $400, also complete and attach Schedule 1, Part I.)	8a	350 -
b	**Tax-exempt** interest. (DO NOT include on line 8a.) 8b 6,000		
9	Dividends. (If over $400, also complete and attach Schedule 1, Part II.)	9	
10a	Total IRA distributions. 10a — 10b Taxable amount (see page 24).	10b	
11a	Total pensions and annuities. 11a 19,000 — 11b Taxable amount (see page 24).	11b	19,000 -
12	Unemployment compensation (insurance) from Form(s) 1099-G.	12	
13a	Social security benefits. 13a 5,500 - 13b Taxable amount (see page 27).	13b	1550
14	Add lines 7 through 13b (far right column). This is your **total income.**	▶ 14	20,900

Step 5
Figure your adjusted gross income

15a	Your IRA deduction from applicable worksheet. 15a		
b	Spouse's IRA deduction from applicable worksheet. **Note:** *Rules for IRAs begin on page 29* 15b		
c	Add lines 15a and 15b. These are your **total adjustments.**	15c	—
16	Subtract line 15c from line 14. This is your **adjusted gross income.** (If less than $20,264, see "Earned income credit" on page 39.)	▶ 16	20900 -

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Step 6

Figure your standard deduction, exemption amount, and taxable income

17 Enter the amount from line 16. 17 20,900 -

18a Check if: ☐ You were 65 or older ☐ Blind ☐ Spouse was 65 or older ☐ Blind } Enter number of boxes checked ▶ 18a ☐

b If someone else (such as your parent) can claim you as a dependent, check here ▶ 18b ☐

c If you are married filing separately and your spouse files Form 1040 and itemizes deductions, see page 33 and check here ▶ 18c ☐

19 **Enter your standard deduction. See page 34 for the chart (or worksheet) that applies to you. Be sure to enter your standard deduction here.** 19 3250 -

20 Subtract line 19 from line 17. (If line 19 is more than line 17, enter -0-.) 20 17,650 -

21 Multiply $2,050 by the total number of exemptions claimed on line 6e. 21 2050 -

22 Subtract line 21 from line 20. (If line 21 is more than line 20, enter -0-.) This is your **taxable income.** ▶ 22 15,600 -

Step 7

Figure your tax, credits, and payments

(If you want IRS to figure your tax, see page 35.)

23 Find the tax on the amount on line 22. Check if from: ☑ Tax Table (pages 48–53) or ☐ Form 8615 (see page 36) 23 2344 -

24a Credit for child and dependent care expenses. Complete and attach Schedule 2. 24a

b Credit for the elderly or the disabled. Complete and attach Schedule 3. 24b

c Add lines 24a and 24b. These are your **total credits.** 24c —

25 Subtract line 24c from line 23. (If line 24c is more than line 23, enter -0-.) 25 2344 -

26 Advance earned income credit payments from Form W-2. 26 —

27 Add lines 25 and 26. This is your **total tax.** ▶ 27 2344 -

28a Total Federal income tax withheld. (If any is from Form(s) 1099, check here ▶ ☐ .) 28a

b 1990 estimated tax payments and amount applied from 1989 return. 28b 2200 -

c **Earned income credit.** See page 39 to find out if you can take this credit. 28c

d Add lines 28a, 28b, and 28c. These are your **total payments.** ▶ 28d 2200 -

Step 8

Figure your refund or amount you owe

Attach check or money order on top of Form(s) W-2, etc. on page 1.

29 If line 28d is more than line 27, subtract line 27 from line 28d. This is the amount you **overpaid.** 29

30 Amount of line 29 you want **refunded to you.** 30

31 Amount of line 29 you want **applied to your 1991 estimated tax.** 31

32 If line 27 is more than line 28d, subtract line 28d from line 27. This is the **amount you owe.** Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040A" on it. 32 144

33 Estimated tax penalty. (see page 43). 33

Step 9

Sign your return

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

▶ Your signature | Date | Your occupation

▶ Spouse's signature (if joint return, BOTH must sign) | Date | Spouse's occupation

Paid preparer's use only

Preparer's signature ▶ | Date | Check if self-employed ☐ | Preparer's social security no.

Firm's name (or yours if self-employed) and address ▶ | E.I. No. | ZIP code

Social security benefits worksheet (keep for your records)

Note: *If married filing a separate return and you did not live with your spouse at any time in 1990, write "D" in the space to the left of line 13a.*

1. Enter the amount from Box 5 of all your Forms SSA-1099 or Forms RRB-1099. 5 500

Note: *If the amount on line 1 is zero or less, stop here; none of your benefits are taxable. Otherwise, go to line 2.*

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2. Divide the amount on line 1 above by 2. Enter the result. 2750

3. Add the amounts on Form 1040A, lines 7, 8a, 8b, 9, 10b, 11b and 12. Do not include here any amounts from Box 5 of Form(s) SSA-1099 or RRB-1099. 25,350

4. Add lines 2 and 3. Enter the total. 28,100

5. Enter the amount, if any, from Form 1040A, line 15c. —

6. Subtract line 5 from line 4. Enter the result. 28,100

7. Enter on line 7 the amount shown below for your filing status:

- Single, head of household, or qualifying widow(er) with dependent child, enter $25,000
- Married filing a joint return, enter $32,000
- Married filing a separate return, enter $-0- ($25,000 if you did not live with your spouse at any time in 1990)

25,000.

8. Subtract line 7 from line 6. Enter the result, but not less than zero. 3,100. -

Note: *If line 8 is zero, stop here. None of your benefits are taxable. Do not enter any amounts on lines 13a or 13b. But if you are married filing a separate return and you did* **not** *live with your spouse at any time in 1990, enter -0- on line 13b. Be sure you wrote "D" to the left of line 13a. If line 8 is more than zero, go to line 9.*

9. Divide the amount on line 8 above by 2. Enter the result. 1,550.

10. Taxable social security benefits.

- First, enter on Form 1040A, line 13a, the amount from line 1 above.
- Then, compare the amounts on lines 2 and 9 above. Enter the **smaller** of the two amounts here and on Form 1040A, line 13b.

1,550.

Note: *If part of your benefits are taxable for 1990 and they include benefits paid in 1990 that were for a prior year, you may be able to reduce the taxable amount shown on the worksheet. Get Pub. 915 for details.*

3. Susan and Earl Lang/ JoAnn and Ed Cass

Form **1040A** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 1990

PROOF COPY

OMB No. 1545-0085

Step 1
Label
(See page 14.)
Use IRS label. Otherwise, please print or type

LABEL HERE

Your first name and initial: Earl R. Last name: Lang
Your social security no.: 000 00 1122
If a joint return, spouse's first name and initial: Susan B. Last name: Lang
Spouse's social security no.: 000 00 3344
Home address (number and street). (If you have a P.O. box, see page 15.): 1300 Harmon Place Apt. no.
City, town or post office, state and ZIP code. (If you have a foreign address, see page 15.): Indianapolis IN 46203

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Presidential Election Campaign Fund (see page 15)
Do you want $1 to go to this fund? ☒ Yes ☐ No
If joint return, does your spouse want $1 to go to this fund? ☒ Yes ☐ No
Note: *Checking "Yes" will not change your tax or reduce your refund.*

Step 2
Check your filing status
(Check only one.)

1 ☐ Single. (See page 16 to find out if you can file as head of household.)
2 ☒ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security number above and spouse's full name here ▶ ______
4 ☐ Head of household (with qualifying person). (See page 16.) If the qualifying person is your child but not your dependent, enter this child's name here ▶ ______
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19____). (See page 17.)

Step 3
Figure your exemptions
(See page 17.)

6a ☒ **Yourself** If someone else (such as your parent) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 18b on page 2.
6b ☒ **Spouse**
No. of boxes checked on 6a and 6b: 2

c **Dependents:**

If more than 7 dependents, see page 20.

1. Name (first, initial, and last name)	2. Check if under age 2	3. If age 2 or older, dependent's social security number	4. Relationship	5. No. of months lived in your home in 1990

No. of your children on 6c who:
- lived with you ____
- didn't live with you due to divorce or separation (see page 20) ____

No. of other dependents listed on 6c ____

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed
Add numbers entered on lines above: 2

Step 4
Figure your total income

Attach Copy B of your Forms W-2 and W-2P here.

Attach check or money order on top of any Forms W-2 or W-2P.

7 Wages, salaries, tips, etc. This should be shown in Box 10 of your W-2 form(s). (Attach Form(s) W-2.)	7	
8a **Taxable** interest income (see page 23). (If over $400, also complete and attach Schedule 1, Part I.)	8a	321 –
b **Tax-exempt** interest. (DO NOT include on line 8a.) 8b		
9 Dividends. (If over $400, also complete and attach Schedule 1, Part II.)	9	
10a Total IRA distributions. 10a ____ 10b Taxable amount (see page 24)	10b	
11a Total pensions and annuities. 11a ____ 11b Taxable amount (see page 24)	11b	16,000 –
12 Unemployment compensation (insurance) from Form(s) 1099-G.	12	
13a Social security benefits. 13a ____ 13b Taxable amount (see page 27)	13b	
14 Add lines 7 through 13b (far right column). This is your **total income.** ▶	14	16,321 –

Step 5
Figure your adjusted gross income

15a Your IRA deduction from applicable worksheet. 15a		
b Spouse's IRA deduction from applicable worksheet. **Note:** *Rules for IRAs begin on page 29.* 15b		
c Add lines 15a and 15b. These are your **total adjustments.**	15c	
16 Subtract line 15c from line 14. This is your **adjusted gross income.** (If less than $20,264, see "Earned income credit" on page 39.) ▶	16	16,321 –

1990 **Form 1040A** Page 2

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Step 6	**17**	Enter the amount from line 16.	17	16,321 —
	18a	Check if: ☒ **You** were 65 or older ☐ Blind ☒ **Spouse** was 65 or older ☐ Blind **Enter number of boxes checked** ▶ 18a		2
Figure your standard deduction,	**b**	If someone else (such as your parent) can claim you as a dependent, check here ▶ 18b ☐		
	c	If you are married filing separately and your spouse files Form 1040 and itemizes deductions, see page 33 and check here ▶ 18c ☐		
	19	**Enter your standard deduction. See page 34 for the chart (or worksheet) that applies to you. Be sure to enter your standard deduction here.**	19	6750 —
exemption amount, and	**20**	Subtract line 19 from line 17. (If line 19 is more than line 17, enter -0-.)	20	9571 —
	21	Multiply $2,050 by the total number of exemptions claimed on line 6e.	21	4100 —
taxable income	**22**	Subtract line 21 from line 20. (If line 21 is more than line 20, enter -0-.) This is your **taxable income**.	▶ 22	5,471 —
Step 7	**23**	Find the tax on the amount on line 22. Check if from: ☒ Tax Table (pages 48–53) or ☐ Form 8615 (see page 36)	23	821 —
Figure your tax, credits, and payments	**24a**	Credit for child and dependent care expenses. Complete and attach Schedule 2. 24a		
	b	Credit for the elderly or the disabled. Complete and attach Schedule 3. 24b 651 —		
	c	Add lines 24a and 24b. These are your **total credits.**	24c	651 —
(If you want IRS to figure your tax, see page 35.)	**25**	Subtract line 24c from line 23. (If line 24c is more than line 23, enter -0-.)	25	170 —
	26	Advance earned income credit payments from Form W-2.	26	—
	27	Add lines 25 and 26. This is your **total tax.**	▶ 27	170 —
	28a	Total Federal income tax withheld. (If any is from Form(s) 1099, check here ▶ ☐.) 28a		
	b	1990 estimated tax payments and amount applied from 1989 return. 28b		
	c	**Earned income credit.** See page 39 to find out if you can take this credit. 28c		
	d	Add lines 28a, 28b, and 28c. These are your **total payments**.	▶ 28d	—
Step 8	**29**	If line 28d is more than line 27, subtract line 27 from line 28d. This is the amount you **overpaid.**	29	
Figure your refund or amount you owe	**30**	Amount of line 29 you want **refunded to you.**	30	
	31	Amount of line 29 you want **applied to your 1991 estimated tax.** 31		
Attach check or money order on top of Form(s) W-2, etc. on page 1.	**32**	If line 27 is more than line 28d, subtract line 28d from line 27. This is the **amount you owe**. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040A" on it.	32	170 —
	33	Estimated tax penalty. (see page 43). 33		

Step 9
Sign your return

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Keep a copy of this return for your records.

▶ Your signature	Date	Your occupation
▶ Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation

Paid preparer's use only

Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's social security no.
Firm's name (or yours if self-employed) and address ▶		E.I. No.	
		ZIP code	

Schedule 3
(Form 1040A)

Department of Treasury—Internal Revenue Service

Credit for the Elderly or the Disabled for Form 1040A Filers

1990

OMB No. 1545-0085

Name(s) shown on Form 1040A: Earl R. + Susan B. Lang

Your social security number: 000 00 1122

You may be able to use Schedule 3 to **reduce your tax** if by the end of 1990:

1. You were 65 or older, **OR** 2. You were under 65, you retired on **permanent and total** disability, and you received taxable disability income.

Other restrictions apply, even if you are in either of these categories. Read the separate Schedule 3 instructions to see if you can take this credit.

Note: *Do you want IRS to figure this credit for you? See page 35 of the Form 1040A instructions.*

Part I

Check the box for your filing status and age

If your filing status is:	And by the end of 1990:	Check only one box:
Single, Head of household, or Qualifying widow(er) with dependent child	**1** You were 65 or older	1 ☐
	2 You were under 65 and you retired on permanent and total disability	2 ☐
Married filing a joint return	**3** Both spouses were 65 or older	3 ☒
	4 Both spouses were under 65, but only one spouse retired on permanent and total disability	4 ☐
	5 Both spouses were under 65, and both retired on permanent and total disability	5 ☐
	6 One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total disability	6 ☐
	7 One spouse was 65 or older, and the other spouse was under 65 and **NOT** retired on permanent and total disability	7 ☐
Married filing a separate return	**8** You were 65 or older and you did not live with your spouse at any time in 1990	8 ☐
	9 You were under 65, you retired on permanent and total disability, and you did not live with your spouse at any time in 1990	9 ☐

Note: *If you checked Box 1, 3, 7, or 8, skip Part II and complete Part III on the back. All others, complete Parts II and III.*

Part II

Statement of permanent and total disability

(Complete this part only if you checked Box 2, 4, 5, 6, or 9 above.)

IF: 1 You filed a physician's statement for this disability for 1983 or an earlier year, or you filed a statement for tax years after 1983 and your physician checked Box B on the statement, **AND**

2 Due to your continued disabled condition you were unable to engage in any substantial gainful activity in 1990, check this box ▶ ☐

- If you checked this box, you do not have to file another statement for 1990.
- If you did **not** check this box, have your physician complete the following statement:

Physician's statement

(See instructions at bottom of page 2.)

I certify that ______________________
Name of disabled person

was permanently and totally disabled on January 1, 1976, or January 1, 1977, **OR** was permanently and totally disabled on the date he or she retired. If retired after December 31, 1976, enter the date retired. ▶ ____________

Physician: Sign your name on **either** line A or B below.

A The disability has lasted, or can be expected to last, continuously for at least a year ______________________
Physician's signature Date

B There is no reasonable probability that the disabled condition will ever improve ______________________
Physician's signature Date

Physician's name

Physician's address

For Paperwork Reduction Act Notice, see the Form 1040A instructions.

Schedule 3 (Form 1040A) 1990

Part III
Figure the amount of your credit

10	**If you checked (in Part I):** **Enter:** Box 1, 2, 4, or 7 . . . . $5,000 Box 3, 5, or 6 . . . . $7,500 Box 8 or 9 . . . . $3,750	10	7,500	–

Caution: *If you checked Box 2, 4, 5, 6, or 9 in Part I, you* **MUST** *complete line 11 below. Otherwise, skip line 11 and enter the amount from line 10 on line 12.*

11	Enter on line 11 your taxable disability income (and also your spouse's if you checked Box 5 in Part I) that you reported on Form 1040A. However, if you checked Box 6 in Part I, enter on line 11 the taxable disability income of the spouse who was under age 65 **PLUS** $5,000. (For more details on what to include, see the instructions.)	11	–	
12	If you completed line 11 above, compare the amounts on lines 10 and 11, and enter the **smaller** of the two amounts here. Otherwise, enter the amount from line 10.	12	7,500	–

13 Enter the following pensions, annuities, or disability income that you (and your spouse if you file a joint return) received in 1990 (see instructions):

a	Nontaxable part of social security benefits; and Nontaxable part of railroad retirement benefits treated as social security.	13a	0	–
b	Nontaxable veterans' pensions; and any other pension, annuity, or disability benefit that is excluded from income under any other provision of law.	13b		
c	Add lines 13a and 13b. (Even though these income items are not taxable, they **must** be included to figure your credit.) If you did not receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c.	13c	0	–
14	Enter the amount from Form 1040A, line 17.	14	16321	–
15	**If you checked (in Part I):** **Enter:** Box 1 or 2 . . . . $7,500 Box 3, 4, 5, 6, or 7 . . . . . . $10,000 Box 8 or 9 . . . . $5,000	15	10,000	–
16	Subtract line 15 from line 14. Enter the result. If line 15 is more than line 14, enter -0-.	16	6321	–
17	Divide the amount on line 16 by 2. Enter the result.	17	3160	50
18	Add lines 13c and 17. Enter the total.	18	3161	–
19	Subtract line 18 from line 12. Enter the result. If the result is zero or less, stop here; you **cannot** take the credit. Otherwise, go on to line 21.	19	4339	–
20	Decimal amount used to figure the credit.	20	× .15	
21	Multiply the amount on line 19 by the decimal amount (.15) on line 20. Enter the result here and on Form 1040A, line 24b.	21	651	–

Instructions for physician's statement

Taxpayer.—If you retired after December 31, 1976, enter the date you retired in the space provided in Part I.

Physician.—A person is permanently and totally disabled when—

- He or she cannot engage in any substantial gainful activity because of a physical or mental condition; and
- A physician determines that the disability:
  1. has lasted, or can be expected to last, continuously for at least a year; or
  2. can be expected to lead to death.

PROOF COPY

4. Emily Hood/ Donald Brown

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **1990** PROOF COPY

For the year Jan.–Dec. 31, 1990, or other tax year beginning , 1990, ending , 19 OMB No. 1545-0074

Label (See Instructions on page 8.) Use IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial: Emily A. Last name: Hood

Your social security number: 000 00 0001

If a joint return, spouse's first name and initial Last name

Spouse's social security number

Home address (number and street). (If you have a P.O. box, see page 9.): 1901 Apple Lane Apt. no.

City, town or post office, state and ZIP code. (If you have a foreign address, see page 9.): La Crosse WI 58902

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Presidential Election Campaign (See page 9.)
Do you want $1 to go to this fund? ☒ Yes ☐ No
If joint return, does your spouse want $1 to go to this fund? ☐ Yes ☐ No
Note: *Checking "Yes" will not change your tax or reduce your refund.*

Filing Status

Check only one box.

1 ☒ Single. (See page 9 to find out if you can file as head of household.)
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here ▶
4 ☐ Head of household (with qualifying person). (See page 9.) If the qualifying person is your child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 9.)

Exemptions

(See Instructions on page 10.)

6a ☒ **Yourself** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2
b ☐ **Spouse**

No. of boxes checked on 6a and 6b: 1

c **Dependents:**

(1) Name (first, initial, and last name)	(2) Check if under age 2	(3) If age 2 or older, dependent's social security number	(4) Relationship	(5) No. of months lived in your home in 1990

If more than 6 dependents, see Instructions on page 11

No. of your children on 6c who:
- lived with you
- didn't live with you due to divorce or separation (see page 11)

No. of other dependents on 6c

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed

Add numbers entered on lines above: 1

Income

Attach Copy B of your Forms W-2, W-2G, and W-2P here.

If you do not have a W-2, see page 8.

Attach check or money order on top of any Forms W-2, W-2G, and W-2P.

7	Wages, salaries, tips, etc. *(attach Form(s) W-2)*	7	
8a	**Taxable** interest income *(also attach Schedule B if over $400)*	8a	
b	**Tax-exempt** interest income (see page 13). DON'T include on line 8a 8b		
9	Dividend income *(also attach Schedule B if over $400)*	9	
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 14	10	
11	Alimony received	11	
12	Business income or (loss) *(attach Schedule C)*	12	
13	Capital gain or (loss) (attach Schedule D)	13	
14	Capital gain distributions not reported on line 13 (see page 14)	14	
15	Other gains or (losses) *(attach Form 4797)*	15	
16a	Total IRA distributions 16a / 16b Taxable amount (see page 14)	16b	
17a	Total pensions and annuities 17a / 17b Taxable amount (see page 14)	17b	7200 –
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18	
19	Farm income or (loss) *(attach Schedule F)*	19	
20	Unemployment compensation (insurance) (see page 16)	20	
21a	Social security benefits 21a / 21b Taxable amount (see page 16)	21b	
22	Other income (list type and amount—see page 16)	22	
23	Add the amounts shown in the far right column for lines 7 through 22. This is your **total income** ▶	23	7200 –

Adjustments to Income

(See Instructions on page 16.)

24a	Your IRA deduction, from applicable worksheet on page 17 or 18	24a	
b	Spouse's IRA deduction, from applicable worksheet on page 17 or 18	24b	
25	Deduction for self-employment tax, from worksheet on page 18	25	
26	Self-employed health insurance deduction, from worksheet on page 18	26	
27	Keogh retirement plan and self-employed SEP deduction	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid. Recipient's SSN ▶	29	
30	Add lines 24a through 29. These are your **total adjustments** ▶	30	

Adjusted Gross Income

31	Subtract line 30 from line 23. This is your **adjusted gross income.** *If this amount is less than $20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57* ▶	31	7200 –

Form 1040 (1990) PROOF COPY Page 2

Tax Computation If you want IRS to figure your tax, see Instructions on page 19.	32	Amount from line 31 (adjusted gross income)			32	7200 —
	33a	Check if: ☐ You were 65 or older ☒ Blind; ☐ **Spouse** was 65 or older ☐ Blind. Add the number of boxes checked and enter the total here ▶	33a			
	b	If your parent (or someone else) can claim you as a dependent, check here ▶	33b ☐			
	c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here ▶	33c ☐			
	34	Enter the **larger** of: • Your **standard deduction** (from applicable chart (or worksheet) on page 20), OR • Your **itemized deductions** (from Schedule A, line 27). If you itemize, attach Schedule A and check here ▶ ☐			34	4050 -
	35	Subtract line 34 from line 32			35	3150 -
	36	Multiply $2,050 by the total number of exemptions claimed on line 6e			36	2050 —
	37	**Taxable income.** Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)			37	1100 —
	38	Enter tax. Check if from: a ☑ Tax Table, b ☐ Tax Rate Schedules, or c ☐ Form 8615 (see page 21) (If any is from Form(s) 8814, enter that amount here ▶ ______)			38	167 —
	39	Additional taxes (see page 21). Check if from: a ☐ Form 4970 b ☐ Form 4972			39	
	40	Add lines 38 and 39 ▶			40	167 —
Credits (See Instructions on page 21.)	41	Credit for child and dependent care expenses *(attach Form 2441)*	41			
	42	Credit for the elderly or the disabled *(attach Schedule R)*	42			
	43	Foreign tax credit *(attach Form 1116)*	43			
	44	General business credit. Check if from: a ☐ Form 3800 or b ☐ Form (specify) ______	44			
	45	Credit for prior year minimum tax (attach Form 8801)	45			
	46	Add lines 41 through 45			46	—
	47	Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-.) ▶			47	167 —
Other Taxes	48	Self-employment tax *(attach Schedule SE)*			48	
	49	Alternative minimum tax *(attach Form 6251)*			49	
	50	Recapture taxes (see page 22). Check if from: a ☐ Form 4255 b ☐ Form 8611			50	
	51	Social security tax on tip income not reported to employer *(attach Form 4137)*			51	
	52	Tax on an IRA or a qualified retirement plan *(attach Form 5329)*			52	
	53	Advance earned income credit payments, from Form W-2			53	
	54	Add lines 47 through 53. This is your **total tax** ▶			54	167 —
Payments Attach Forms W-2, W-2G, and W-2P to front.	55	Federal income tax withheld **(If any is from Form(s) 1099, check ▶ ☐)**	55			
	56	1990 estimated tax payments and amount applied from 1989 return	56	400 —		
	57	**Earned income credit** (see page 23)	57			
	58	Amount paid with Form 4868 (extension request)	58			
	59	Excess social security tax and RRTA tax withheld (see page 24)	59			
	60	Credit for Federal tax on fuels *(attach Form 4136)*	60			
	61	Regulated investment company credit *(attach Form 2439)*	61			
	62	Add lines 55 through 61. These are your **total payments** ▶			62	400 -
Refund or Amount You Owe	63	If line 62 is more than line 54, enter amount **OVERPAID** ▶			63	233 —
	64	Amount of line 63 to be **REFUNDED TO YOU** ▶			64	233 —
	65	Amount of line 63 to be **APPLIED TO YOUR 1991 ESTIMATED TAX** ▶	65			
	66	If line 54 is more than line 62, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040" on it			66	
	67	Estimated tax penalty (see page 25)	67			

Sign Here

(Keep a copy of this return for your records.)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Your signature | Date | Your occupation

▶ Spouse's signature (if joint return, BOTH must sign) | Date | Spouse's occupation

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ☐ | Preparer's social security no.

Firm's name (or yours if self-employed) and address ▶ | E.I. No. | ZIP code

Form **2119**

Department of the Treasury
Internal Revenue Service

PROOF COPY

Sale of Your Home

▶ See separate instructions.
▶ Please print or type.

OMB No. 1545-0072

1990

Attachment Sequence No. 20

Your first name and initial (If joint, also give spouse's name and initial.) Emily A.
Last name Hood
Your social security number 000 00 0001

Fill in Your Address Only If You Are Filing This Form by Itself and Not with Your Tax Return

Present address (no., street, and apt. no., rural route, or P.O. box no. if mail not delivered to street address)

Spouse's social security number

City, town or post office, state, and ZIP code

Part I General Information

1a Date your former main home was sold (month, day, year) ▶ 5/25/90

b Enter the face amount of any mortgage, note (e.g., second trust), or other financial instrument on which you will receive periodic payments of principal or interest from this sale (see Instructions) ▶ $ —

2 Have you bought or built a new main home? ☐ Yes ☒ No

3 Is or was any part of either main home rented out or used for business? (If "Yes," see Instructions.) ☐ Yes ☒ No

Part II Gain on Sale *(Do not include amounts you deduct as moving expenses.)*

4	Selling price of home. (Do not include personal property items that you sold with your home.)	4	86,000
5	Expense of sale. (Include sales commissions, advertising, legal, etc.)	5	4,000
6	Amount realized. Subtract line 5 from line 4	6	82,000
7	Basis of home sold. (See Instructions.)	7	60,000
8a	**Gain on Sale.** Subtract line 7 from line 6	8a	22,000

- If zero or less, stop here and attach the form to your return.

b If you haven't replaced your home, do you plan to do so within the replacement period (see Instructions)? (If "Yes," stop here, and see Instructions for additional filing requirements.) ☐ Yes ☒ No

Part III One-Time Exclusion of Gain for People Age 55 or Older *(If you are not taking the exclusion, go to Part IV now.)*

9a Were you 55 or older on date of sale? ☒ Yes ☐ No

b Was your spouse 55 or older on date of sale? (If both lines 9a and 9b are "No," go to Part IV now.) ☐ Yes ☐ No

c Did at least one spouse who answered "Yes" to line 9a or 9b own and use the property as their main home for a total of at least 3 years (except for short absences) of the 5-year period before the sale? (If "No," go to Part IV now.) ☒ Yes ☐ No

d **If line 9c is "Yes," do you elect to take the one-time exclusion?** *(If "No," go to Part IV now.)* ☒ Yes ☐ No

e At time of sale, who owned the home? ☒ You ☐ Your spouse ☐ Both of you

f Social security number of spouse at time of sale, if you had a different spouse from the one above at time of sale. (Enter "None" if you were not married at time of sale.) ▶

g **Exclusion.** Enter the smaller of line 8a or $125,000 ($62,500, if married filing separate return) 9g 22,000 —

Part IV Adjusted Sales Price, Taxable Gain and Adjusted Basis of New Home

10 If line 9g is blank, enter the amount from line 8a. Otherwise, subtract line 9g from line 8a ... 10

- If zero, stop here and attach the form to your return.
- If you answered "Yes" on line 2, go to line 11 now.
- If you are reporting the sale on the installment method, stop here and see line 1b Instructions.
- Otherwise, stop here and enter this amount on Schedule D, line 3 or line 10.

11 Fixing-up expenses. (See Instructions for time limits.) ... 11

12 **Adjusted Sales Price.** Subtract line 11 from line 6 ... 12

13a Date you moved into new home (month, day, year) ▶ / / **b** Cost of new home ... 13b

14a Add the amount on line 9g, if any, and the amount on line 13b and enter the result ... 14a

b Subtract line 14a from line 12. If zero or less, enter -0- ... 14b

c **Taxable gain.** Enter the smaller of line 10 or line 14b ... 14c

- If zero, do not enter on Schedule D, but go to lines 15 and 16 now and attach to your return.
- If you are reporting the sale on the installment method, see line 1b Instructions and go to line 15.
- Otherwise, enter this amount on Schedule D, line 3 or line 10 and complete lines 15 and 16.

15 Postponed gain. Subtract line 14c from line 10 ... 15

16 **Adjusted basis of new home.** Subtract line 15 from line 13b ... 16

Sign Here Only If You Are Filing This Form by Itself and Not with Your Tax Return

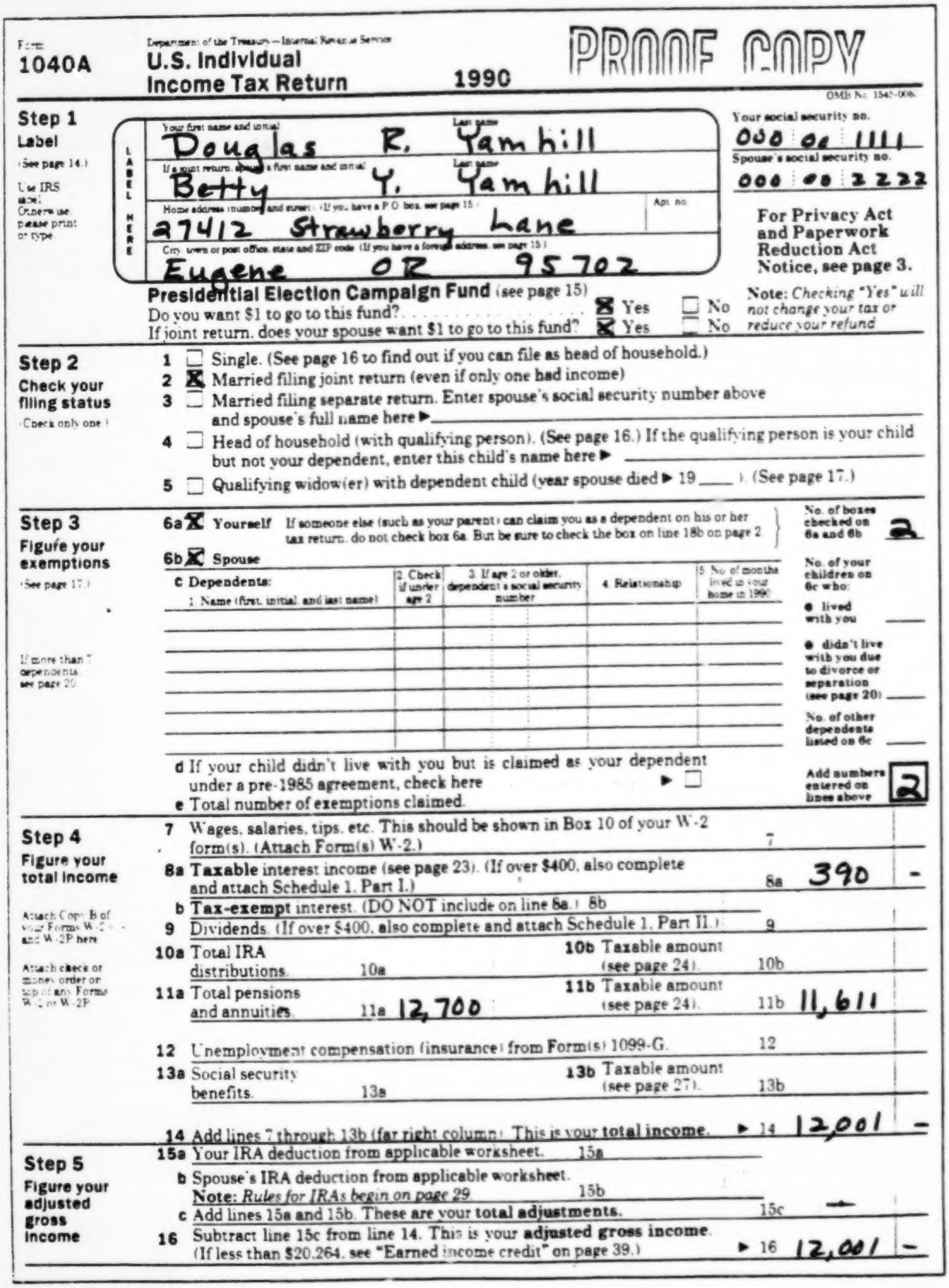
Under penalties of perjury, I declare that I have examined this form, including attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature ▶ Date
Spouse's Signature ▶ Date
(If joint return, both must sign.)

For Paperwork Reduction Act Notice, see separate instructions.

Form **2119** (1990)

5. Douglas and Betty Yamhill/ Samuel and Georgia Higgins



Form **1040A** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **1990**

PROOF COPY

OMB No. 1545-0085

Step 1
Label
(See page 14.)
Use IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial: Douglas R. Last name: Yamhill
If a joint return, spouse's first name and initial: Betty Y. Last name: Yamhill
Home address (number and street). (If you have a P.O. box, see page 15.): 27412 Strawberry Lane Apt. no.
City, town or post office, state and ZIP code. (If you have a foreign address, see page 15.): Eugene OR 95702

Your social security no.: 000 00 1111
Spouse's social security no.: 000 00 2222

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Presidential Election Campaign Fund (see page 15)
Do you want $1 to go to this fund? ☒ Yes ☐ No
If joint return, does your spouse want $1 to go to this fund? ☒ Yes ☐ No
Note: *Checking "Yes" will not change your tax or reduce your refund.*

Step 2
Check your filing status
(Check only one.)

1 ☐ Single. (See page 16 to find out if you can file as head of household.)
2 ☒ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security number above and spouse's full name here ▶
4 ☐ Head of household (with qualifying person). (See page 16.) If the qualifying person is your child but not your dependent, enter this child's name here ▶
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19____). (See page 17.)

Step 3
Figure your exemptions
(See page 17.)

6a ☒ **Yourself** If someone else (such as your parent) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 18b on page 2.
6b ☒ **Spouse**

No. of boxes checked on 6a and 6b: 2

c **Dependents:**

1. Name (first, initial, and last name)	2. Check if under age 2	3. If age 2 or older, dependent's social security number	4. Relationship	5. No. of months lived in your home in 1990

If more than 7 dependents, see page 20.

No. of your children on 6c who:
- lived with you ____
- didn't live with you due to divorce or separation (see page 20) ____

No. of other dependents listed on 6c ____

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed.

Add numbers entered on lines above: 2

Step 4
Figure your total income

Attach Copy B of your Forms W-2, W-2G, and W-2P here.

Attach check or money order on top of any Forms W-2 or W-2P.

7	Wages, salaries, tips, etc. This should be shown in Box 10 of your W-2 form(s). (Attach Form(s) W-2.)		7	
8a	**Taxable** interest income (see page 23). (If over $400, also complete and attach Schedule 1, Part I.)		8a	390 -
b	**Tax-exempt** interest. (DO NOT include on line 8a.)	8b		
9	Dividends. (If over $400, also complete and attach Schedule 1, Part II.)		9	
10a	Total IRA distributions.	10a	10b Taxable amount (see page 24). 10b	
11a	Total pensions and annuities.	11a 12,700	11b Taxable amount (see page 24). 11b	11,611
12	Unemployment compensation (insurance) from Form(s) 1099-G.		12	
13a	Social security benefits.	13a	13b Taxable amount (see page 27). 13b	
14	Add lines 7 through 13b (far right column). This is your **total income**.		▶ 14	12,001 -

Step 5
Figure your adjusted gross income

15a	Your IRA deduction from applicable worksheet.	15a		
b	Spouse's IRA deduction from applicable worksheet. **Note:** *Rules for IRAs begin on page 29*	15b		
c	Add lines 15a and 15b. These are your **total adjustments**.		15c	—
16	Subtract line 15c from line 14. This is your **adjusted gross income**. (If less than $20,264, see "Earned income credit" on page 39.)		▶ 16	12,001 -

1990 **Form 1040A**

PROOF COPY

Step 6	**17**	Enter the amount from line 16.	17	12,001 -
	18a	Check if: ☒ You were 65 or older ☐ Blind ☒ Spouse was 65 or older ☐ Blind **Enter number of boxes checked** ▶ 18a	2	
Figure your standard deduction,	**b**	If someone else (such as your parent) can claim you as a dependent, check here ▶ 18b ☐		
	c	If you are married filing separately and your spouse files Form 1040 and itemizes deductions, see page 33 and check here ▶ 18c ☐		
	19	**Enter your standard deduction. See page 34 for the chart (or worksheet) that applies to you. Be sure to enter your standard deduction here.**	19	6750 -
	20	Subtract line 19 from line 17. (If line 19 is more than line 17, enter -0-.)	20	5251 -
exemption amount, and	**21**	Multiply $2,050 by the total number of exemptions claimed on line 6e.	21	4100 -
taxable income	**22**	Subtract line 21 from line 20. (If line 21 is more than line 20, enter -0-.) This is your **taxable income**.	▶ 22	1151 -
Step 7	**23**	Find the tax on the amount on line 22. Check if from: ☒ Tax Table (pages 48–53) or ☐ Form 8615 (see page 36)	23	174 -
Figure your tax, credits, and payments	**24a**	Credit for child and dependent care expenses. Complete and attach Schedule 2. 24a		
	b	Credit for the elderly or the disabled. Complete and attach Schedule 3. 24b		
	c	Add lines 24a and 24b. These are your **total credits**.	24c	—
(If you want IRS to figure your tax, see page 35.)	**25**	Subtract line 24c from line 23. (If line 24c is more than line 23, enter -0-.)	25	174 -
	26	Advance earned income credit payments from Form W-2.	26	—
	27	Add lines 25 and 26. This is your **total tax**.	▶ 27	174 -
	28a	Total Federal income tax withheld. (If any is from Form(s) 1099, check here ▶ ☐.) 28a		
	b	1990 estimated tax payments and amount applied from 1989 return. 28b		
	c	**Earned income credit.** See page 39 to find out if you can take this credit. 28c		
	d	Add lines 28a, 28b, and 28c. These are your **total payments**.	▶ 28d	—
Step 8	**29**	If line 28d is more than line 27, subtract line 27 from line 28d. This is the amount you **overpaid**.	29	
Figure your refund or amount you owe	**30**	Amount of line 29 you want **refunded to you**.	30	
	31	Amount of line 29 you want **applied to your 1991 estimated tax**. 31		
Attach check or money order on top of Form(s) W-2, etc. on page 1.	**32**	If line 27 is more than line 28d, subtract line 28d from line 27. This is the **amount you owe**. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, social security number, address, daytime phone number, and "1990 Form 1040A" on it.	32	174 -
	33	Estimated tax penalty. (see page 43). 33		

Step 9
Sign your return

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Keep a copy of this return for your records.

Your signature	Date	Your occupation
Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation

Paid preparer's use only

Preparer's signature	Date	Check if self-employed ☐	Preparer's social security no.
Firm's name (or yours if self-employed) and address		E.I. No.	
		ZIP code	

Social security benefits worksheet (keep for your records)

Note: *If married filing a separate return and you did not live with your spouse at any time in 1990, write "D" in the space to the left of line 13a.*

1. Enter the amount from Box 5 of all your Forms SSA-1099 or Forms RRB-1099. 16,383

Note: *If the amount on line 1 is zero or less, stop here; none of your benefits are taxable. Otherwise, go to line 2.*

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2. Divide the amount on line 1 above by 2. Enter the result. 8,192

3. Add the amounts on Form 1040A, lines 7, 8a, 8b, 9, 10b, 11b and 12. Do not include here any amounts from Box 5 of Form(s) SSA-1099 or RRB-1099. 12,001

4. Add lines 2 and 3. Enter the total. 20,193

5. Enter the amount, if any, from Form 1040A, line 15c. –

6. Subtract line 5 from line 4. Enter the result. 20,193

7. Enter on line 7 the amount shown below for your filing status:

- Single, head of household, or qualifying widow(er) with dependent child, enter $25,000
- Married filing a joint return, enter $32,000
- Married filing a separate return, enter $-0- ($25,000 if you did not live with your spouse at any time in 1990) 32,000

8. Subtract line 7 from line 6. Enter the result, but not less than zero. -0-

Note: *If line 8 is zero, stop here. None of your benefits are taxable. Do not enter any amounts on lines 13a or 13b. But if you are married filing a separate return and you did* **not** *live with your spouse at any time in 1990, enter -0- on line 13b. Be sure you wrote "D" to the left of line 13a. If line 8 is more than zero, go to line 9.*

9. Divide the amount on line 8 above by 2. Enter the result.

10. **Taxable social security benefits.**

- First, enter on Form 1040A, line 13a, the amount from line 1 above.
- Then, compare the amounts on lines 2 and 9 above. Enter the **smaller** of the two amounts here and on Form 1040A, line 13b.

Note: *If part of your benefits are taxable for 1990 and they include benefits paid in 1990 that were for a prior year, you may be able to reduce the taxable amount shown on the worksheet. Get Pub. 915 for details.*

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Form **6318** (July 1988)
Department of the Treasury
Internal Revenue Service

Volunteer Assistor's Instructor Guide

Instructor Evaluation Form

This form is designed to obtain specific evaluative information on VITA and TCE training materials. Please complete the form when you finish the course and forward to the Taxpayer Education Coordinator or the Training Officer.

Instructor's name		Instruction Included: ☐ Module I (Procedures and Techniques) ☐ Module II (Form 1040EZ and 1040A) ☐ Module III (Form 1040) ☐ Module IV (Elderly and Advanced Topics)	Hours actually spent on course: Federal ________ State ________
Phone number *(optional)*	Program: ☐ VITA ☐ TCE		
Dates of training			
Training location	Number of trainees	Trainees from a particular organization? ☐ Yes If yes, please specify: ☐ No	

1. On a scale of 1 to 5 (5 is highest), how do you rate:

Check one:	1	2	3	4	5
a. Coursebook	☐	☐	☐	☐	☐
b. Test(s)	☐	☐	☐	☐	☐
c. Instructor Guide	☐	☐	☐	☐	☐

2. Do you have suggestions for improving the objectives of the course? If yes, please specify. ☐ Yes ☐ No

3. Was the time allocated for the course sufficient? If no, give reason(s) and adaptions made. ☐ Yes ☐ No

4. Did you change or supplement any practical exercises or test problems? If yes, attach a copy if possible. ☐ Yes ☐ No

5. Did you use instructional methods other than, or in addition to, those specified in the instructor guide? If yes, please state how you used the method(s). ☐ Yes ☐ No

6. Did you use training aids other than, or in addition to, those suggested in the materials? If yes, and if you think it would be appropriate to include them in nationwide materials, please attach a copy and explain where and how you used them. ☐ Yes ☐ No

7. Did you find any technical errors in materials? If yes, what were they? *(Specify page number and attach sheet if necessary)* ☐ Yes ☐ No

8. Any other comments about the course? *(Attach sheet if necessary)*

Cut or Fold Along Line